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ABSTRACT

Developed with the Head Start family in mind, this training guide, one in a three-part series, instructs parents on how to prevent substance abuse in their children. This curriculum is intended to: (1) ensure and enhance adequate child development, learning, and personal social growth; and (2) build family skills, understanding, confidence, and support in parents. The guide is divided into ten modules dealing with adolescent substance abuse prevention: (1) Orientation: Tuning In on the Times; (2) We Are Family; (3) Self-Esteem; (4) Communication; (5) Stress; (6) Developing Support Groups; (7) All Around the Community; (8) Health Issues Related to Alcohol and Other Drug Abuse; (9) Values and Peer Pressure; and (10) Appreciating Our Families. Five appendices provide additional resources on guides, booklets, reports, curriculums, and general organizations and support groups that address substance abuse prevention. (SR)

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Center for Substance Abuse Prevention

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Parents
Getting a Head Start Against Drugs

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Trainer's Guide

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

Parents
Getting a Head Start Against Drugs

Trainer's Guide

Authored
by

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National Head Start Association
and
Center for Substance Abuse Prevention

This publication is one in a three-part series and was prepared by the National Head Start Association under contract #27789-2008 for the Division of Community Prevention and Training (DCPT), Center for Substance Abuse Prevention (CSAP), and published by CSAP's Division of Communication Programs. Ana Anders served as the project officer for the development of this material.

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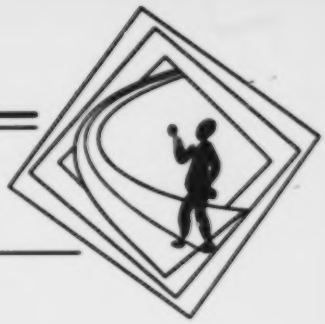
Getting Started



THE MESSAGE

In the old days, women sat for hours at a spinning wheel carefully weaving fibers into fine cloth. These fibers or threads determined the strength, beauty, color, and design of the fabric. This curriculum, developed by the National Head Start Association (NHSA), has been designed with the Head Start family in mind.

The family is the primary social unit for adults and children. The content of this curriculum addresses self-esteem as the thread that determines the strength of the family fabric. Both adults and children need to feel good about themselves. They need to feel loved and empowered.

Throughout this curriculum, both adults and children will participate in activities that will strengthen their families and provide them with choices. These activities need not be limited to a period of 10 weeks. The message can and should become part of the everyday program operation. Clearly, the message is

I am lovable,

capable, and

worthy!

PURPOSES OF THE CURRICULUM

Like most parent-education programs, "Parents Getting a Head Start Against Drugs" has two goals:

- To ensure or enhance adequate child development, learning, and personal-social growth.
- To build parent-family skills, understanding, confidence, and support.

These two goals have been woven into the structure of this program, which is based on these eight objectives:

1. To inform, advise, or guide parents about child development, learning, and socialization.

2. To involve parents in children's learning and school experiences, or in the conduct of school-related projects.

3. To teach specific skills to parents, especially in the areas of child learning and behavioral management.

4. To prevent problems in child development or family relations. Families at high risk are often the focus of this goal.

5. To provide intervention, counseling, or rehabilitation to families in which there are known problems in child development or family relations.

6. To assist parents in rearing and educating children who have developmental problems or disabling conditions.

7. To provide social supports to parents in the general community.

8. To encourage and facilitate parent-promoted self-help, and special-interest groups.

INTRODUCING THE CURRICULUM

Sometimes, the first step is the most difficult. This curriculum is so special, and making preparations is important. Here are two recommendations:

- Plan a special staff meeting to introduce the curriculum to everyone.

- Plan a special community meeting to introduce the program to support organizations, police departments, health departments, and groups and individuals involved in preventing alcohol and other drug (AOD) problems.

CELEBRATION FORMAT

The opening of each session should be special. Plan to have a different celebration for each module. Allow enough time at the beginning for participants to socialize and enjoy refreshments. Make the mood festive and conduct an "icebreaker" activity.

The schedule for the opening celebration could follow this design:

Celebration. Schedule the celebration for 15 minutes before the session begins or after it is completed.

Warmup/icebreaker. If celebration takes place before session icebreaker begins, include a warmup. The warmup puts the group at ease and sets the stage for learning.

Tone. Indicate that everyone will be expected to participate. There will also be time for reflective thinking and group activities.

Learning responsibility. It is the participant's responsibility to learn. The trainer is actually a facilitator.

Trainer/facilitator type. Let the group know what type of person you facilitator types are. Are you friendly or distant? Warm or cool? Active or laid back?

THE CELEBRATION

All of us need to feel special every day. Adults and children need large doses of attention, affection, and concern. Someone estimated that humans need several hugs every day. Everyone needs to feel that they are both lovable and capable. By focusing on the positive vibes, we all are strengthened: parents, children, and the whole family.

Prior to conducting each module, set aside at least 15 minutes for a special celebration. The mood should be festive, happy, and informal. The celebration for module 10, "Appreciating Our Families," will take place following the closing session.

The purpose for celebrating at each session is to focus on the positive and special qualities of each person. People can begin to find the things that make them feel good naturally. Some parents may find things that make life more pleasant for themselves or their families. Through discussion and sharing, parents may discover special traits of family or friends. They can then be encouraged to feel good about these special things and work to strengthen them.

The more special qualities that parents are encouraged to see in themselves, the less likely they may be to need artificial and short-lived highs, such as a drink to take the edge off, or licit or illicit drugs to get up or to slow down. It will become clear that people can celebrate anytime and anywhere without the help of a crutch.

It is especially important that these celebrations show how this kind of fun can be replicated at home. Many people have a narrow concept of fun and celebration. Some adults might resist having fun because of overwhelming responsibilities, feelings of hopelessness, negative attitudes, or other concerns.

The focus for these experiences is on informality, love, fun, economy, support, and unity. No matter how bad things seem, the message to convey is that where there is love, there is also strength and a reason to celebrate.

Props and Materials

For each celebration session, be prepared with the following props and materials:

Refreshments. Provide nutritious snacks, such as cheese, fruit, crackers, juice, or salads.

Decorations. Make the room festive. Decorations could be made by children in the center. After the first session, parents might want to make decorations. Consider using colorful AOD use prevention posters or sponsoring a community contest to make posters.

Music. Remember that the focus of this curriculum is on the family. Find background music that will provide a message for the evening. The music should help set the mood but not overpower the group. Encourage group members to write songs, poems, or jingles related to AOD problems. Always display their efforts.

Tape player or recorder. These items should be used to provide music and to allow participants to tape messages for their children, families, and themselves.

Icebreakers/warmup. A warmup activity should be conducted at the celebration. The warmup should be short, informal, and nonthreatening. Some of the modules may have an emotional content, so the warmup should provide a supportive atmosphere. See the next section for more details about icebreakers.

Room setting. Arrange to have comfortable, adult-size chairs available. The group could sit in a circle or around a table. Ask people what makes them comfortable. Group members should be able to look at each other face to face. Enough space should be allowed between chairs for ease of movement.

Special events. Make the celebration special and personal. Identify parents who have reasons to celebrate—birthdays, anniversaries, weddings, a child's accomplishment, a personal accomplishment. Do something special for these events. Place a large calendar on the wall and write in names of group members and their special event at each meeting.

Provide balloons, party hats, confetti, noisemakers, and other party supplies for group members who might want to celebrate a major accomplishment. Plan a New Year's celebration when someone is ready to embark on a new phase of life or is ready for a special journey. Use themes for each celebration, such as a Hawaiian luau, masquerade ball, or fantasy vacation.

MATERIALS, AUDIOVISUAL EQUIPMENT, AND RESOURCES

The following items are needed to implement the curriculum and celebrations:

- Tape player/blank tapes
- Video recorder (optional)

- Instant (Polaroid) camera/film
- Tapes
- Journals—notebooks, ring binders, folders, etc.
- Certificates of participation
- Buttons
- Party hats
- T-shirts (optional)
- Confetti
- Balloons
- Multicolored streamers
- Drug Identification Kit*
- Crayons
- Drug Identification Wheel
- Paints
- Felt
- Markers
- Scrap fabric
- Candles
- Construction paper

COORDINATING WITH OTHER PARENT EDUCATION INITIATIVES

Since the first Head Start programs opened in 1965, the need for effective parent education has been recognized. Programs are encouraged to launch broad-based parent education projects.

* Drug identification kits may be bought from Narcotics Education Inc., 55 W. Oak Ridge Dr., Hagerstown, MD 21740, 1-800-548-8700. The kits also may be borrowed from local police departments and drug enforcement agencies.

Two parent education curriculums designed especially for Head Start are "Exploring Parenting" and "Looking at Life." These curriculums are being used in programs throughout the country. The content focuses on child development issues, discipline, building self-esteem, healthy practices, handling anger and fears, and a variety of other appropriate topics.

"Parents Getting a Head Start Against Drugs" is designed to complement these two curriculums. In order to encourage coordination, the following steps are recommended:

1. Meet with parent involvement/social services staff in order to review all parent education plans.

2. Develop or revise parent education plans to include prevention activities.

3. Use the results of the "Family Needs Assessment" and "Parent Interest/Need Surveys," which are completed for each family when enrolling in a Head Start program, to devise recruitment plans for participants.

4. After potential families have been identified, determine appropriate locations and times for setting up sessions.

5. Develop and distribute a calendar or schedule to all staff, policy council, and community resource members.

6. Help parents select the curriculum that is best suited to their needs. This assistance will ensure that parents avoid participating in more sessions than they can handle.

7. Check with facilitators and cofacilitators for each curriculum to determine what changes might be needed in the schedule or location.

CULTURAL AWARENESS

Preparations for implementing a prevention initiative for AOD abuse must include recognition of cultural differences among the Head Start population. Head Start has truly become a potpourri of cultures and ethnic groups. Every program must reflect the needs of the population served as well as an awareness and appreciation of the various cultures represented. The Head Start philosophy supports service delivery that is culturally appropriate, and programs include multicultural activities in every aspect. Therefore, when prevention initiatives are being launched, it is important to consider the following:

- Types of families served in the program.

- Family composition—two parents, singles, grandparents, foster parents, number of children.

- Geographic location—rural, urban, migrant, reservation.
- Resources—type of community resources available to families; resources used most frequently.
- Mobility of families—how often they move, why they move.
- Patterns of addiction—what drugs are being used or abused; age of abusers; history of addiction in families.
- Identification of leaders in community—who the elders are; where leaders are located; how much influence leaders have.
- Media influence—history of identifying or associating certain ethnic groups with abuse of alcohol and other drugs.
- Drugs of choice—alcohol, tobacco, amphetamines, cocaine/crack cocaine, marijuana, heroin, or others. (Some cultural and ethnic groups prefer specific drugs. Some groups have a history of alcohol abuse.)
- Styles and patterns of parenting—disciplinary methods, role of elders in family, role of children in family, role of parents in family.
- Cultural values—the value the general population gives to education, work, family, friends, money, and possessions.
- Awareness of relationships between various cultural and ethnic groups.
- Awareness of family traditions and special celebrations.

This information should be helpful during the planning, implementation, and followup of this AOD abuse curriculum and any subsequent prevention initiative. In particular, this information can be helpful for

- scheduling sessions;
- focusing on specific drugs that could be abused by the population;
- planning celebrations, which should include specific, relevant ethnic activities such as food, music, dress, holidays;
- involving parents;
- providing transportation;
- focusing on specific topics and concepts; and
- identifying activities that might be age appropriate for certain adult populations.

USING EXPERTS AND RESOURCES FROM THE COMMUNITY

Enlist the services of a professional involved in alcohol and other drug abuse prevention. Certified AOD abuse counselors, police officers, school counselors, psychologists, and mental health specialists are a few of those trained to discuss AOD abuse prevention. Invite a representative from one of these groups to the staff orientation. Often, staff will need specific information on alcohol and other drugs in order to implement and support the curriculum.

It might be useful to ask an expert to be available for consultation on a regular basis. Whenever a difficult question or sensitive situation arises, the expert could provide needed advice.

The health advisory committee is one resource in place in most Head Start programs. The membership of this group could be expanded to include representatives of professional groups as well as the following:

- A recovering AOD-dependent person who can share firsthand experiences and recovery processes.
- An elder or senior citizen from the community who is familiar with customs, history, and people who live in the area.
- A local business person who has been active in the community.
- A representative from the policy council.
- A representative from a special neighborhood or community group that is concerned about prevention and safety.

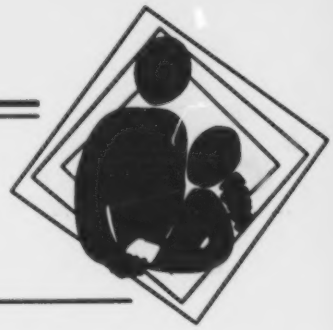
Remember, it is recommended that the prevention arena be expanded to include the entire community, reservation, or housing development. Everyone has something to contribute to the prevention effort.

ABOUT REGULATIONS, CODES, AND LEGAL ISSUES

Here are a few suggestions to consider before implementing the curriculum:

- Discuss with the director any program policies related to volunteer responsibilities, authority, and restrictions.
- Become aware of any restrictions regarding visitors or facilities (especially in a public building, church, or school).
- Get to know the schedules of security officers, guards, or police officers in the vicinity of the meeting site.

Getting and Keeping Parents Involved



"Parents Getting a Head Start Against Drugs" will be most effective when policy committee and council members, Head Start directors and administrators, and parents get involved and stay involved. This curriculum belongs to everyone!

PARENT INVOLVEMENT

Parent involvement is the foundation upon which Head Start rests. Parents must be encouraged to take part in activities. They should make a willing and free choice about whether or not to get involved with the curriculum.

Knowing what keeps parents from getting involved can help staff plan and carry out program activities. These are some of the key barriers to parent involvement:

- Mistrust of staff.
- Negative past experiences with helpers.
- Fear of the unknown—not enough knowledge about the program or activities.
- Lack of transportation—especially in rural areas.
- Inconvenient meeting times.
- Lack of child care.
- Fear of not being in control—staff or helper having greater knowledge and skills.
- Fear of changing behavior.
- Fear of intimidation and of having inadequacies exposed.

Staff should endeavor to unmask and overcome these and any other obstacles.

In order to establish and maintain parent involvement, staff must first get to know parents. The following activities and instruments should be helpful:

- Make an initial recruitment home visit.
- Use the completed "Family Needs Assessment" to determine who should be involved.
- Use a "Parent Interest/Need Survey" to identify potential participants.
- Develop a special survey to determine interest in AOD abuse prevention.
- Observe parents during home visits, center visits, attendance at program activities, and other informal contacts.
- Use results of "Community Needs Assessment," which is conducted by the Head Start grantee, to identify target concerns.
- Rely on referrals from agencies, such as the local health department, mental health clinic, social services, local courts and other law enforcement agencies, and prevention and treatment centers for AOD problems.

STARTUP

After deciding upon startup times for the curriculum, the following activities are recommended:

- Make a home visit to participating parents to reassure them and to provide additional information.
- Keep in touch by phone. These contacts can be very effective.
- Write personal letters, notes, and special invitations to help parents feel more comfortable about their new experience (see pages 21 to 33 for sample letters).
- Provide transportation for parents. Reassure them that transportation will be dependable.
- Provide child care for those who need it. Choose caregivers carefully. Parents should know that this service will be available each time the group meets.

SPECIAL INCENTIVES

Think of creative ideas that will appeal to the parents and maintain their interest.

- Provide T-shirts, buttons, pins, and stickers with the title of the curriculum or some agreed-upon motto, i.e., "I'm Having Fun and Feeling Good—Ask Me How!"
- Plan a family AOD-free carnival to celebrate an alcohol- and other drug-free life. Set up low-competition activities that make everyone a winner. Include activities for parent-children teams, children (in age-appropriate groupings),

teens, and elderly family members. Activities could include face painting, mask making, puppetry, costume making, cake walks, whistle blowing, and sack races.

- Plan an "I'm a special person" parade, rally, or march. Use placards with anti-AOD messages, children's art, posters, personal messages, and other motivational materials.

MAINTAINING INVOLVEMENT

Throughout implementation of the curriculum, take steps such as these to keep parents involved and interested:

- Print articles in the program's newsletter.
- Display names and photos of parents on the bulletin board.
- Prepare public service announcements that let the community know about the curriculum.
- Celebrate VIP (very important person) days. Select participating parents and make them VIPs. Make hats, badges, or ribbons to indicate their VIP status.
- Develop a special edition of the newsletter. Highlight the curriculum and parents who are participating. This special edition will become a keepsake for parents.
- Plan special rallies, parades, or fairs for the community. These events could take place in malls, football stadiums, parks or other community gathering places, vacant lots, or parking lots.
- Sponsor special contests for children and teens in the community. Poster contests are great fun and allow for creativity. Ask merchants to donate prizes for winners.
- Upon completing the curriculum, plan a special certificate program. Invite local public figures, the media, representatives from the police department and mental health agencies, recovering AOD abusers, and others. Inform parents about this special program after they have volunteered to participate.

FOLLOWUP

Often, parents who have spent a great deal of time together find it difficult to end the experience. The trainer/facilitator can help the group prepare for a smooth transition by sharing followup options with parents before the last session. Component supervisors and other resource persons could speak to the entire group about these or other followup options:

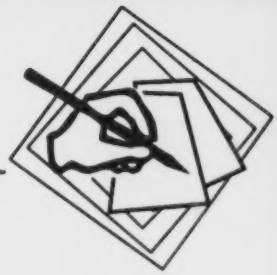
- Train some parents who have completed the curriculum to become cofacilitators.
- Refer parents to parent education opportunities such as "Looking at Life," "Exploring Parenting," "Systematic Training for Effective Parenting" (STEP), "Footsteps," "Parent Effectiveness Training" (PET), "Effective Black Parenting," and "Los Niños Bien Educados." (See the Appendix—Additional Resources for more information.)

PARENT INVOLVEMENT IS TOUGH

The Head Start program is often competing with things that demand much more attention. Parents must deal with extreme stress; unemployment; violence; fear; inadequate housing; lack of sufficient food, clothing, and resources; and many other difficulties. Now, Head Start comes along and encourages parents to get involved in their child's experiences. What's a parent to do?

A journey of a thousand miles begins with the first step. Once you know the benefits of involvement, it is important to bring everyone on board and begin the journey that promises to lead to change for the family. The purpose of the sample letters that follow is to encourage the ongoing involvement and commitment from everyone. Please feel free to make changes as your needs require.

Parents Getting a Head Start Against Drugs



An Open Letter
to
Policy Committee and Council Members

Have you heard the news? The "Parents Getting a Head Start Against Drugs" curriculum is about to be implemented in our program. This curriculum is designed especially for Head Start parents and children. The activities will help everyone feel better about themselves, gain knowledge about alcohol and other drug abuse prevention, and strengthen families.

All families today are faced with the ravages of violence that result from alcohol and other drug abuse. In communities across the country, the evidence of crimes associated with alcohol and other drugs can be seen. Older people are afraid to venture outside after dark. Children are not allowed to use playgrounds that have been taken over by young drug dealers. Some families are no longer safe in their homes because of stray bullets from an angry AOD-abusing gang. Fathers feel helpless and defenseless. Mothers rush children inside when they hear the sound of a firecracker. Once safe, country lanes are all but abandoned except for cars parked closely together as drivers exchange small packets or vials.

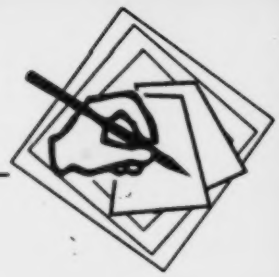
This 10-session curriculum is designed to create awareness of the causes of alcohol and other drug abuse and identify ways to prevent it. The family is at the center of this curriculum. Head Start is a family-oriented program, and it is fitting that the uniqueness of family be celebrated.

Here's how you can help:

- Participate in the orientation.
- Participate in the sessions.
- Encourage other parents to get involved.
- Visit the center and observe the children.
- Inform the community.
- Help provide refreshments.
- Help decorate the center and meeting room.
- Donate newspaper clippings, magazines, books, and other information related to preventing alcohol and other drug abuse.

- Identify resources in the community.
- Find other ways to get involved in the curriculum.

Let's get a "Head Start" and prevent the abuse of alcohol and other drugs in our community.



Parents Getting a Head Start Against Drugs

An Open Letter
to
Head Start Directors and Administrators

Something out there is threatening to destroy the very essence of the family and community. Something out there is threatening to zap the life, energy, and future of a precious resource—our children. Something out there is working very hard to alter values, beliefs, morals, and spiritual life in a negative manner. The something that has such a strong grip on communities, families, and institutions is alcohol and other drug abuse.

The parents in your program are about to embark on a mission to stop the devastation of AOD abuse. They are about to become equipped to do battle with those who market short-lived joy in a pipe or serve up temporary happiness with the edge of a razor blade on glass. The "Parents and Children Getting a Head Start Against Drugs" curriculums are designed to help prevent alcohol and other drug problems.

These curriculums will help parents and children fight AOD involvement through a variety of techniques. Both children and parents will be exposed to activities and information that will help them

- develop positive self-esteem,
- enhance communication skills,
- cope with stress and anger,
- develop preventive health practices, and, most of all,
- strengthen families.

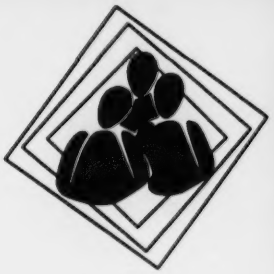
These curriculums are designed to be implemented simultaneously. Therefore, parents and children will have the opportunity to work together and enhance their relationship.

Your support for this effort is most important. Both staff and parents will benefit. Teachers will work closely with children and parents. Therefore, teachers will need to prepare before implementing this children's curriculum. They might need more time and a variety of inexpensive materials.

The facilitators or cofacilitators will need to study the curriculum materials and practice the sessions. This preparation will help ensure the program's smooth implementation.

Parents will also need your support. They will need to know that you, too, wish to prevent alcohol and other drug abuse. Your presence, or that of a representative, at the parent orientation will send a message that you care and are committed to AOD abuse prevention. Stop in the center sometime while the sessions are being conducted.

Parent Letter After Orientation



Dear Parents,

We've been really busy since the orientation meeting. We've been getting things ready and anticipating the beginning of this special curriculum. "Parents Getting a Head Start Against Drugs" is designed with each of you in mind. As we discussed during the orientation, the success of this curriculum rests upon parents, teachers, the parent involvement coordinator, family service workers, the bus drivers, the program director, members of the community, and a host of others. Everyone has the opportunity to get into the act and put a stop to alcohol and other drug abuse.

Your child will be bringing home a variety of activities to share with you. If you have any questions, please call me or we can discuss things during our regular weekly checkup.

As we get ready for the first module and children's activities, here are a few points to remember:

- Bring in pictures of your family. (We'll take good care of them.)
- Share special family celebrations for holidays, birthdays, and other events.
- Share greeting cards that you or your children received or made.

Please join us at any time and help with these special activities. We always can use your help, advice, and support. See you soon.

Sincerely,

Suggestion Box

Do something special for yourself this week. Change your hairstyle, paint your nails, hug your children when they wake up, write a love note to yourself, take a long walk, or surprise yourself with something nice.

Parent Letter for "We Are Family"—Module 2

Dear Parents,

Whew! Things have really been busy since my last letter. We have dressed up the center with a variety of materials that include children's art, posters, and items that you shared with us. The center looks really pretty. We are all excited about the next module: "We Are Family." When you arrive at the center, you will see the special "We Are Family" display.

All families are special! You are special! Your children are special! This module stresses the importance of our families. You will have an opportunity to talk about your family and to listen to what others have to say. Through these discussions, you might learn new ways to cope with your worries. Or you might be able to help someone else. Remember, we are all in this together.

Your children will be involved in family activities, too. When they bring the at-home activity, spend time working with them. This special parent-child time will help improve your relationship and make your child feel better inside. Children need to feel loved, cared for, supported, needed, and capable. With your help, they can realize all these things.

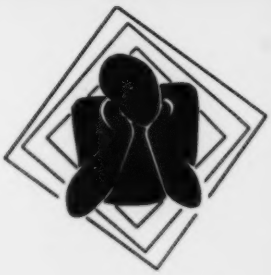
See you at the meeting and the center.

Sincerely,

Suggestion Box

Think about things that you enjoy doing as a family. What activities do your children enjoy most? What have you done for fun within the past 3 months? How did you feel?

Parent Letter for "Self-Esteem"—Module 3



Dear Parents,

The last session was really great. Hopefully, you had the chance to see the "We Are Family" display. It's not too late to add other items. We plan to keep it in place during the entire curriculum!

Did your child enjoy the activities from the family session? Remember to continue to discuss the importance of family and how family members help love and protect each other. Also, you can help children really feel good about their art and other projects in the following ways:

- **Display their papers and other projects at home.** Put these things in a special place of honor—on the refrigerator, a wall, a large piece of cardboard for a frame, or some other favorite spot.

- **Praise your children's efforts.** Ask them to tell you about their picture, story, or other work. Never criticize or laugh at a blue chicken or a purple tree. Encourage children with support and understanding. Say things such as, "Hey, you spent a lot of time on your painting!" or "How carefully you glued all the pieces together."

By showing support and expressing love, parents help children feel loved and capable. Children are learning to like themselves. Their self-esteem is growing. In the next module, "Self-Esteem," both you and your children will learn how to feel better about yourselves.

Remember, you can use any of the curriculum activities over and over again. Practice new techniques until you feel comfortable with them.

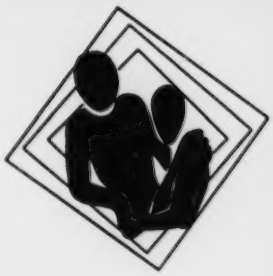
See you soon!

Sincerely,

Suggestion Box

What have you done this week for yourself? What type of words did you use most with your children this week? Kind words? Angry words? Gentle words? How do you think your words made your children feel? Don't forget to take a walk this week.

Parent Letter for "Communication"—Module 4



Dear Parents,

Time seems to be racing so fast. Last session, we explored self-esteem and had a variety of experiences. Hopefully, you will remember the activities and experiences throughout the entire curriculum. Many of these activities might be very different for you. However, the more you practice with your children, the easier the activities will be. If you have any questions, please give me a call or ask at our weekly checkup.

Next time we get together we will discuss "Communication." This session promises to be very exciting. The activities will help you find effective ways to talk with your children.

As you prepare for the next session, think about how you talk to your children and what you talk about. Do you ignore your children when they are excited about something, or do you take a few minutes to listen? Do you encourage your children to talk about what happened at school, their fears, what makes them happy, or what things are really important to them? Remember:

- **Your children need your attention, words, touch, smile, care, and love.**
- **Children learn about their world from you.** They learn what kind of person they are. They learn how adults feel about them. They learn about your love.
- **When children feel loved, they are happy.** When children feel loved, it is easier for them to say no to alcohol and other drugs as well as other wrong behavior.

We are looking forward to seeing you next time.

Sincerely,

Suggestion Box

When was the last time you told your children that you loved them? When was the last time you made your children feel special? What special thing did you do for yourself this week? When was the last time you played with marbles?

Parent Letter for "Developing Support Groups"—Module 6

Dear Parents,

Hope all is going well. Next time, we will discuss "Developing Support Groups."

Remember, children often feel frustrated when they try to do things that are too hard for them. They might become angry when they cannot handle something, lift something, or make something work. Also, they might become angry when too much is expected of them. When tasks are too complex, children sometimes throw tantrums, cry, and scream.

When children are angry, parents should acknowledge the anger and encourage them to talk about these feelings. If their anger persists, give them something safe to punch or hit, such as a pillow. It is better not to scream at or scold them. That could make matters worse. Children need to feel loved when their behavior is at its worst. Hugging, holding, or giving a back rub are ways to let your children know they are loved.

Sincerely,

Suggestion Box

What special thing did you do for yourself this week? How did you feel? Give yourself a compliment today.

Parent Letter for "All Around the Community"—Module 7

Dear Parents,

Our last session was so much fun and I'm looking forward to seeing you next time when we talk about "All Around the Community."

Children can learn about being part of a community by helping in the family. The family serves as the child's first community. By watching and helping, children learn how to function in the larger community. They learn what the community consists of. They learn how to help others.

As parents, you can encourage children to help at home and to learn about different kinds of jobs. This experience will also teach them about responsibility.

They will learn about safety in the family and the community. Armed with this knowledge, children will be better prepared to say no to unsafe behavior, including the use of alcohol and other drugs.

Sincerely,

Suggestion Box

Did you celebrate anything special with your child lately? What did you do to make yourself feel good? Give yourself a hug!

Parent Letter for "Health Issues Related to Alcohol and Other Drug Abuse"—Module 8

Dear Parents,

Children want to learn—they want to know everything—how things work, what makes things happen, and why people do certain things.

As parents, you can encourage your children to watch and to help with tasks around home. They learn through these activities. Take time to talk to your children—to show them, help them, and encourage them to try new things. Get them involved in what you're doing—they can wash potatoes, put clean clothes in their drawers, or sweep the stoop. As a result, they will better understand the world around them.

Encourage children to try new foods, new activities, and have new fun. Discuss healthy attitudes with them and remember to join in their activities.

Sincerely,

Suggestion Box

Try a new physical activity, such as taking a walk, jumping rope, or playing hopscotch with your children. Write yourself a love note!

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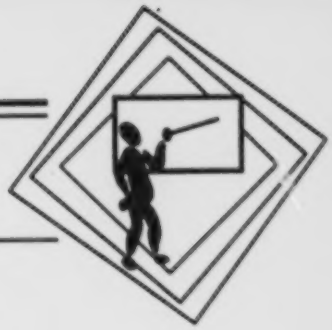
Training and Facilitation Skills



FIRST IMPRESSIONS

As a trainer/facilitator, it's up to you to set the tone for the program. Your approach to the opening of a session communicates to the participants

- your philosophy of learning,
- your style of training/facilitation,
- your attitudes toward the participants as learners, and
- your anxiety level.

In other words, first impressions are lasting impressions. All eyes are on you, and what you communicate is significant. Others will develop perceptions based upon your behavior.

QUALITIES TO CONSIDER WHEN SELECTING A GROUP FACILITATOR

An effective group facilitator is

1. friendly and positive: creates a pleasant and comfortable social atmosphere and demonstrates an outgoing interactive style that helps parents feel welcome;
2. supportive and sincere: accepts and respects parents, the tasks they face in child rearing, and the goals they pursue for their families;
3. informed and aware: understands issues and styles in parenting and in child development, care, and learning, and is well acquainted with program goals and content;
4. organized and flexible: functions in a careful, organized manner, but is flexible enough to make changes in response to program or family needs;
5. courteous and tactful: handles difficult situations with some openness, but assumes a courteous manner and a tactful approach to problems involving parents or other staff;

6. empathic and sensitive: recognizes and appreciates the perspectives, concerns, and feelings of others in a somewhat personal way;

7. objective and professional: maintains staff-member status in relationships with parents, attentive to and is concerned with all parents; and

8. energetic and resourceful: employs a variety of strategies to maintain the interest and involvement of parents in the program.

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GROUND RULES FOR TRAINING

Various participant concerns frequently surface in training. As the leader, you must be prepared to help define the issue, identify options for behavior, and negotiate the conflict to achieve some kind of compromise. Common issues include

- confidentiality;
- smoking;
- room temperature;
- lighting;
- seating arrangements;
- arguing;
- talking too much;
- value conflicts;
- being on time;
- not participating;
- handling complaints;
- absences;
- quiet and noisy times;
- evaluating training and the trainer;
- room arrangements;
- taking breaks;

- availability of coffee, tea, soft drinks, and snacks; and

- handling crises or emergencies.

You need not identify all of these issues during the opening session but should limit discussion to those that pertain to group interaction. Ideally, these special negotiations should take place during the first part of the curriculum before problems arise.

When other issues surface, be prepared to help group members identify options (e.g., smokers can take breaks, sit by the windows or door, or smoke at will) and reach agreement.

These are some suggested ground rules for training:

1. Every experience is a learning experience.

2. In order to use each other as resources, everyone must be able to communicate openly and honestly.

3. Participants are responsible for their own learning. If they are not getting what they want from a session, it is their responsibility to ask for it.

4. Participants may only discuss each other in terms of here and now. Therefore, any communication about a person's behavior must relate specifically to what happens in this training.

5. In a discussion, individuals must take ownership for their statements. The group will give feedback when necessary. Ask participants to use "I think or feel" instead of "People say," "I heard," or other statements that obscure the facts.

6. Any issue that relates to training is a legitimate issue for group consideration. It is everyone's responsibility to bring these issues to the group.

7. Sometimes, communication about behavior is distorted because we do not distinguish between what we observe, what we think about what we observe, and, if applicable, what we feel as a result of our observation. Therefore, make clear which are observations, thoughts, or feelings when you communicate.

Adapted from U.S. Department of Health, Education and Welfare. *A Curriculum on Child Abuse and Neglect: Leader's Manual.* Washington, D.C.: the Department, 1979.

PRINCIPLES OF FACILITATION

So you want to be a facilitator? The role is challenging as well as rewarding. However, being an effective facilitator is different from being a trainer. Here are a few principles:

1. The facilitator has much to do with setting the initial mood or climate of the group experience.

2. The facilitator helps to elicit and clarify the purposes of participation for individuals in the workshop as well as the more general purposes of the group.

3. The facilitator relies upon the desire of individuals to implement those purposes that have meaning for them, as the motivational force behind significant learning.

4. The facilitator endeavors to organize and make easily available the widest possible range of resources for learning.

5. The facilitator is a flexible resource to be utilized by the group.

6. In responding to expressions in the group, the facilitator accepts both the intellectual content and the emotional attitudes, endeavoring to give each aspect the approximate degree of emphasis that it has for the individual or group.

7. As the climate becomes established, the facilitator is increasingly able to become a participant learner—a member of the group—expressing views as one individual only.

8. Facilitators share of themselves with the group in ways that do not demand or impose but represent simply a personal sharing that the group may take or leave.

9. Throughout the learning experience, the facilitator remains alert to expressions that indicate deep or strong feelings.

10. As facilitators of learning, they endeavor to recognize and accept their own limitations.

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GROUND RULES FOR FEEDBACK

You will also want to establish some common understanding about handling feedback in your sessions. The following eight rules set forth some practical guidelines to assure the effectiveness of feedback:

1. Feedback must be **wanted or requested.** It should be asked for, not imposed.

2. Feedback is given **for the benefit of the receiver.** It is given to be helpful, but does not obligate the receiver to change.

3. Feedback is **only the perception of the giver.** It is neither right nor wrong.

4. Both the giver and the receiver may wish to **check with others** who are present for their perceptions of the situation.

5. Feedback is more meaningful when it **closely follows the event.** It is very difficult to reconstruct situations when several days or weeks have passed.

6. Feedback can be better understood and used when it is **specific rather than general.**

7. Feedback will be received less defensively if it is **descriptive rather than evaluative.** Describe a person's behavior or one's reaction to it (i.e., "I felt left out when you cut me off," rather than "You always cut people off").

8. Feedback should be **useful and meaningful.** It should be important enough to affect the receiver and directed toward behavior that can change.

Adapted from Margolis, F.H. *Training by Objectives.* Cambridge, MA: Sterling Institute. 1970. Reprinted with permission of the author.

USING ICEBREAKERS

The following key points will help you develop and use effective icebreakers:

- Training groups often can profit from some kind of warmup activity.

- Icebreakers, which usually are not course related, can help reduce tensions, anxieties, and loneliness; energize the group; set a tone for the program; and involve everyone.

- Icebreakers are particularly useful for groups of strangers.

- In choosing an icebreaker, the trainer should pay attention to the participant group and its tolerance for novelty, fun, and excitement; the available time; the nature of the course itself; and other pertinent factors.

- If group members are well acquainted with each other, icebreakers may not be essential. However, even such a group can profit from an opener, i.e., the use of a device oriented to the subject matter to ease into the course or program.

- In general, icebreakers and openers are training devices that establish a proper climate for learning.

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Sample Icebreakers

These are a few suggestions for icebreakers. You can probably think of many more that will be suitable for your group of parents.

Puzzle fun. Present groups of three to five participants with a puzzle to solve. The following is an example of a puzzle:

> A farmer, at his death, left his three sons a herd of 17 cows, with instructions that the oldest was to get one-half of them, the middle son one-third, and the youngest one-ninth.
>
> (Solution: Because 17 is not divisible by those fractions, they decided to seek out a wise old woman on the mountaintop. She quickly solved their problem by giving them one of her cows. They then made the division of the herd into groups of nine, six, and two, respectively. They were very pleased. After the division, she then took her cow back because they no longer needed it!)

Nicknames. Have small groups of participants discuss their nicknames—where they were acquired, when they were acquired, if and when they were lost, and how they feel (like or dislike) about them. If time allows, select new partners to discuss sources of nicknames. Sources include diminutives from regular names (Jimmy, Fran); physical appearance (Shorty, Red); personality (Smiley, Grumpy); last names (Mac from McDonald), (Rusty—last name Irons); geography (Tex, Klondike); parental influence (Sis, Buster); occupation (Doc, Prof); and self-adopted nicknames.

In lieu of sharing feelings about nicknames, participants may discuss their given names. Do they like them? Why or why not? Are their names family traditions? Would they like to trade their name for another? Did their name influence their choice of names for their children?

The sharing may take place in pairs rather than in groups. Or, after sharing information about nicknames or first names, participants may report to the total group something they learned about their partner(s).

Hobby hunt. Provide each participant with a list of 15 to 20 popular hobbies (e.g., gardening, movies, jogging, crocheting, golf). Then give participants 7 minutes or so to locate other participants who have these hobbies and to write their name and organizational affiliation on the worksheet.

Early grades. In small groups, ask participants to think about and report an experience they recall from grades one through five. Conclude the activity by asking for volunteers to share their experiences with the entire group.

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Headlines. Ask participants to name the nursery rhymes that tell who the following headlines are about:

1. Extra! Extra! Little boy found under haystack fast asleep; identity unknown. (Little Boy Blue)
2. Suspect kissing girls and making them cry. (Georgie Porgie)
3. Noted musician's son steals pig. (Tom, Tom, the Piper's Son)
4. Wife threatens to leave husband, is locked in a vegetable. (Peter, Peter, Pumpkin Eater)
5. Girl frightened away by giant insect while dining. (Little Miss Muffet)
6. Boy burned by lighted candle. (Jack Be Nimble)
7. Boy and girl fall down hill, boy sustains minor bruises. (Jack and Jill)
8. Dog starves because cupboard is bare. (Old Mother Hubbard)
9. Mother and children live in destitution; for lack of a large enough house, they live in footwear. (Old Woman Who Lived in a Shoe)
10. Three men lost at sea. (Rub, A Dub, Dub)
11. Egg falls from slippery wall, mending operation fails. (Humpty Dumpty)
12. Lady loses flock; they arrive home later wagging tails. (Little Bo Peep)
13. Feline plays music, cow dances through the galaxy, canine laughs at foolishness, china and silverware escape. (Hey, Diddle, Diddle)

Who said it? Read the following statements and have participants write down the type of worker who would say them:

1. What number did you dial? (telephone operator)
2. Someone dropped a spoon down the garbage disposal. (plumber)
3. The grass grew high after the rain. (gardener)
4. The boys and girls left the room messy. (janitor)
5. I am going to listen to your heartbeat. (doctor)
6. Please be very quiet. (librarian)
7. I have long hoses on my truck. (firefighter)

8. That will be $5.82, please. (clerk)

9. May I take your order now? (waitress)

10. Bedtime. (parent)

11. Pass in your papers now. (teacher)

12. My retainer fee is $200. (lawyer)

13. One hamburger coming up. (cook)

14. Stop, in the name of the law. (police officer)

15. Thirty days or $500. (judge)

16. I am not going that way. (cab driver)

Hey! Is that really you? Sit in a circle. Pass out paper and ask participants to draw self-portraits and write one word to describe how they are feeling. The leader may participate, too. Pass pictures to the right, look at each one, and continue passing until everyone receives their pictures back.

I am. Divide the group into pairs. Partners take 1 or 2 minutes each to introduce themselves by saying: "I am...." "I am glad to be here." "I am Jane Doe." "I am from London."

TRAINING TECHNIQUES

Brainstorming

Brainstorming is a technique for quickly generating and recording ideas. It helps people relax and enables them to respond creatively, without fear of being judged. It stimulates fresh ideas and helps people break loose from fixed responses to situations or problems.

Brainstorming also helps vary the pace of a session. It involves everyone and is particularly effective at starting discussions. Brainstorming is frequently appropriate when considering

- the reasons for a particular event,
- alternative responses to a particular problem or situation, and
- ways of carrying out ideas or solutions.

Before beginning to brainstorm, review the following rules with the group:

- List every idea, no matter how far out it seems to be. (One person should be responsible for making the list.)
- Don't judge whether ideas are good or bad, just call them out.
- There should be no discussion or comments until after the list is complete.
- It is all right to repeat an idea or to add to one already listed.
- Building on other ideas is permitted and is often helpful.
- It is all right to have periods of silence. People may be thinking and might have new ideas to offer momentarily.

Remind participants that in brainstorming, no idea is right or wrong. State the issue or question for the activity, and record ideas where everyone can see them.

Once the group has given an adequate number of ideas, go over the list and begin to focus in on the suggestions. With the group's help, eliminate those ideas that seem on second thought to be inappropriate, and place similar ideas into categories. Choose suggestions that the group feels are most important.

You might explore the best suggestions through discussion or role-playing. For example, you might have the group form pairs, role-play each idea from the list, and weigh its relative effectiveness.

If the activity is done in small groups, each group should report its list so that all participants have an opportunity to record ideas they would like to remember for the future.

Role-Playing

Role-playing is a method of acting out an imaginary situation as if it were really happening. The situation is described to the role-players, who then fill the roles according to how they think it would feel to be in that situation. Real experience with a similar situation is not necessary. The point is to

- put yourself in another person's place so that you can try to understand the thoughts and feelings that the situation brings out in that person;
- try out new ways of behaving to see if they bring the intended results, or to see how the behaviors actually feel;
- learn how others react to your attitudes and behaviors in a practice situation; and
- try new ways of behaving, without fear of failure.

When you introduce a role-playing activity, describe the situation carefully but briefly. Assign the role-players randomly or pick volunteers. Give the role-players their instructions and start the action.

End the role-playing when enough has happened to discuss, or when the players aren't producing any new information—usually within 3 to 5 minutes. After the role-play, have observers report on what they saw and felt. Then ask the role-players how they felt. As a group, discuss the following:

- What happened?
- Why did it turn out the way it did?
- Do they like the way it turned out?
- What would have to happen to make it turn out differently?

Participants who have not role-played before may be reluctant to try, particularly in the beginning. You can help them get started by following these steps:

- You, as leader, and anyone who is assisting you in the program (or a volunteer from the group) could do the first role-play, asking the rest of the group to observe.
- Then everyone in the room can pair off into role-playing partners with no observers, so that people will not feel self-conscious as they try roles for the first time. Reassemble to discuss what happened.
- Finally, divide into role-playing groups with role-players and observers.

Adapted from U.S. Department of Health, Education and Welfare. *A Curriculum on Child Abuse and Neglect: Leader's Manual.* Washington, D.C.: the Department, 1979.

Large- and Small-Group Discussion

Discussions serve a variety of purposes. They can be used to encourage the exchange of information and opinions among participants; to provide participants with insights into the positions and thought processes of other people and other professions; to enable joint analyses; and to develop a consensus on various issues.

Discussions can be conducted in both large and small groups. They are based on an assumption that participants have information and ideas that are potentially useful to others. Small groups generally consist of between three and seven people.

Your task is to facilitate, encourage, and support this exchange and to channel it in productive directions. These hints about leading discussions may be helpful:

1. Clearly state the general topic or question under discussion, and, if possible, write it on a large sheet of paper or chalkboard.

2. If participants are reluctant to begin the discussion, you might encourage them by posing a related question that requires a response based on personal experience, i.e., "What has been your experience?"

3. Facilitate the smooth flow of the discussion by

   - pointing out similarities and differences between the thoughts, feelings, reactions, or experiences of participants (without making value judgments about them);

   - keeping the group focused on the topic ("That's an interesting point, but we've strayed a little from the subject. We can discuss your point later if you'd like and if the group feels we should.");

   - summarizing key issues from time to time ("What you're telling us, then, is that through your experiences you've found...."); and

   - encouraging full participation.

4. If participants ask questions that you cannot answer, admit it and encourage other group members to share their knowledge.

5. Take care not to impose your opinions.

Adapted from U.S. Department of Health, Education and Welfare. *A Curriculum on Child Abuse and Neglect: Leader's Manual.* Washington, D.C.: the Department, 1979.

Endings

Workshops should not just fizzle out or end abruptly. Ideally, they culminate in a planning session in which a commitment to some form of followup action is made. The following are suggestions for ending workshops so that participants understand the issues raised and know what to *do* in the days or weeks ahead:

- Summarize the main points.

- Ask participants to summarize for themselves the main issues in the workshop or session.

- Allow enough time for participants to make specific plans for followup with at-home activities.

- Ask members to review plans for upcoming sessions.

Handling Special Situations

From time to time, members of the group, their family, or community residents might experience severe crises, emergencies, and sometimes even death. Group members will need to express their feelings about these events, and the group must find ways to show support.

An effective technique for these situations is sometimes referred to as a "feeling session," "rap session," "blues buster," or a "crying time." This technique helps group members get in touch with their own feelings as well as those of other members. Basically, people will feel that it's all right to be afraid, sad, angry, or lost. Yes, it's OK to cry also.

These sessions are usually conducted in pairs, trios, or small groups. They are easy to set up.

1. Tell participants what the topic is and inform them that the purpose of the exercise is to help them become aware of their feelings and those of other group members.

2. Tell them that they will divide into pairs, trios, or small groups. Each person will be given a specified period of time (usually 2 to 3 minutes) to tell what they feel about the topic.

3. Direct group members to begin each statement they make with an "I feel" phrase (e.g., "I feel angry about..."). It is very important that participants focus on feelings and emotions.

4. Other members of the pair, trio, or group should listen attentively and avoid making negative or positive comments, gestures, or facial expressions.

5. After individuals have expressed their feelings, acknowledge that it is often difficult for people to express feelings about topics such as these and thank participants for their willingness to share their feelings with each other.

COMMON TRAINER/FACILITATOR PROBLEMS

Being Overdirective

The overdirective trainer/facilitator speaks too often and too long, preventing group members from asking questions or giving opinions. This type of trainer/facilitator responds to all comments without acknowledging group expertise and experience.

Being Underdirective

Inexperienced trainers/facilitators often fail to provide the leadership and direction necessary for a group to move forward. An underdirective trainer/facilitator allows everyone to speak at length on subjects not directly related to learning objectives.

Being Overinvolved

The overinvolved trainer/facilitator participates as a group member, becoming personally involved in discussions. This trainer/facilitator is emotionally involved and states opinions, beliefs, and biases in the guise of providing expert information.

HOW DOES THE TRAINER/FACILITATOR OFFER DIRECTION AND STRUCTURE TO A GROUP?

- If someone talks too long, interrupt by saying, "I'm losing the point you are trying to make. Could you state it in one or two sentences?"
- Briefly clarify the purpose of each exercise, discussion, lecture, or session before beginning; return to the purpose if a discussion gets cloudy and use it to summarize.
- If someone jokes to the point of disruption, say, "Let's get down to business."
- Summarize for the group or ask the group to summarize a discussion.
- Stand and move around to gain attention or energize the group.
- If a small group or couple are talking during a presentation or group discussion, walk slowly toward them while maintaining concentration on the larger group.
- Use the voice to gain attention; speak loudly and clearly; drop pitch at the end of sentences to sound authoritative.
- Do not introduce any topic, especially an emotion-laden one, without sufficient time to develop and resolve ideas that are presented in the course of discussion.

HOW DO YOU REMAIN IN THE TRAINER/FACILITATOR'S ROLE?

- Refer some questions back to the group by saying, "Someone here might have a response to that."
- Encourage the group to say, "I think..." rather than "We...."

- Be very careful not to make comments that are disapproving, sarcastic, or putdowns.
- Neither reward nor punish participants' opinions in nonverbal ways.
- Avoid excessive use of "us" or "we" statements.
- Establish rules at the outset and model them.
- Observe and note issues to return to later.
- Survey the group regularly; observe limits of attention span, need to move on, logical times for a break.
- Avoid passing judgment on issues. Groups reflect trainers; if a trainer states that an issue is difficult, it becomes difficult.
- Establish a climate of trust and an environment free of threat and judgment.

SOME QUESTIONS TO ASK YOURSELF

When preparing to train or facilitate a group, ask yourself the following questions:

- How am I feeling about myself right now?
- How do I feel about my cotrainer/facilitator and our relationship?
- How well do I know the extent of my skills?

Then consider the questions below as they relate to the **content** and **process** of interaction within the group.

Content deals with the subject matter or task with which the group is working.

- Am I familiar with the content?
- Do I feel comfortable with the content?
- Have I practiced using the content?

Process is concerned with what is happening among and to group members while the group is working. The group process includes tone, atmosphere, influence, participation, style, leadership struggles, conflict, competition, and cooperation.

Sensitivity to the group process will better enable you to diagnose and deal with group problems early, and it will enable participants to be more effective.

- How well do I know the members of the group?

- What information do I need to help facilitate this group?
- Am I prepared to consult with others to help with group conflict or outside problems?

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ABOUT ADULT LEARNING

Adults have had a variety of experiences; however, there are many theories about how they use their experiences to make decisions. The following principles of adult learning may be helpful in implementing the "Parents Getting a Head Start Against Drugs" curriculum:

- Human beings have a natural potential for learning.
- Significant learning takes place when learners see the subject matter related to their own goals.
- Learning that involves a change in self-organization—in the way we see ourselves—is threatening and tends to be resisted.
- When external threats are minimal, learners are more likely to understand and apply ideas that lead to personal change.
- When threats to self are low, experience can be seen more objectively and learning can continue.
- Significant learning is acquired by doing things.
- Learning is facilitated when the learner takes responsibility.
- Self-directed learning that involves the whole person—feelings as well as thoughts—is more lasting and thorough.
- Independence, creativity, and self-reliance are facilitated when self-criticism and self-evaluation are basic, and evaluation by others is of secondary importance.
- The most socially useful learning is learning the process of learning—a continuing openness to experiencing and incorporating into oneself the process of change.

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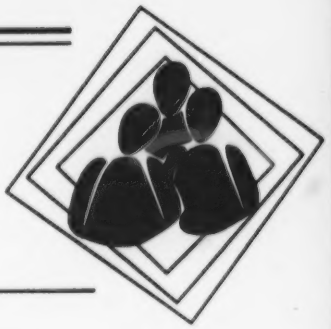
Module 1
Orientation: Tuning In on the Times



GOALS

- To explore the problem of alcohol and other drugs in your community
- To identify specific illicit drugs being used in the community
- To consider how alcohol and other drug abuse affects you, your family, and your community
- To examine the curriculum content
- To develop a commitment contract

AGENDA

Celebration and Icebreaker

Introduction

Centering and Focusing

Finding Out What We Know
  Getting a Head Start Against Alcohol and Other Drugs
  Fact or Fiction?

Blow the Whistle on Alcohol and Other Drugs
  Crack, Smack, Pot, and Pipes! Alcohol and Other Drug Description Chart

Whose Problem Is This Anyway?

Optional At-Home Learning Activities

What's a Parent To Do?
  Parent/Child Drug Discussion Guidelines

Modeling the Right Message

Goal Setting
My Commitment Contract

Summary and Evaluation

CURRICULUM MATERIALS

- Magazine and newspaper articles
  Select current articles, pictures, books, and other resources related to your community's AOD scene. Display these items during each session.
- Refreshments
- Icebreaker (see "Training and Facilitation Skills" section)
- Newsprint
- Markers
- Masking tape
- Flip chart
- Journals
- Pens, pencils
- Fact or Fiction questionnaire
- Household items
  Drain screen (1)
  Cigarette paper (several loose pieces)
  Toilet paper rolls (several)
  Hair pins/bobby pins (several)
  Inhalers (2 or 3)
  Rubbing alcohol (1 or 2 bottles)
  Perfume sample vial (2)
  Sandwich bags (several)
  Candles (3)
  Ammonia (1 bottle)
  Cigarette lighter (2)
  Cotton balls (several)
  Razor blades (several)
  Baking soda (1 box)
  Spoons (3 or 4)
  Bottle caps (several)
  Rice (1 cup)
  Coffee grounds (small amount)

Rubber bands (several)
Aluminum foil
Scouring pads (2 or 3)
Mirror or framed picture (1)
Drinking straws (several)
Hair spray
Cigarette ashes
Magazines with squares cut out
Miniature bottles
Inositol (baby laxative)
Film canisters
Hanger paper
Cinnamon oil
Stickers (LSD)
Morning glory seeds
Mushrooms, psilocybin mushrooms (dried)
Matches
Toy frog
Toothpaste
Cigar tubes (glass)
Water
Keys
Nail files

- Blow the Whistle on Alcohol and Other Drugs game sheet
- Drug Identification Kit
- Crack, Smack, Pot, and Pipes! Alcohol and Other Drugs Description Chart
- Parent/Child Discussion Guidelines
- Commitment Contract

PREPARATION

To prepare yourself for this session, read all materials included in this section. You will need to be very familiar with them.

Review the appendix and select materials. Check with experts in your community who might be willing to serve as regular resources for you. These experts might work in hospitals, clinics, AOD problem prevention programs, schools, or other community organizations. Share this curriculum with these experts and give them an overview of the Head Start program so they understand the needs of Head Start and the families you serve.

Make enough copies of each handout for all participants.

CELEBRATION AND ICEBREAKER

Select an icebreaker and some festive, healthy refreshments to help participants get to know each other at this first session. Decorate the room in a manner that will welcome participants and make them feel comfortable. See the section on "Celebrations" in "Getting Started" for more details.

INTRODUCTION

It's hard to believe, but no one is immune to involvement with alcohol and other drugs. Children as young as 6 have been known to be runners, lookouts, and small-time dealers. In some cases, these children have experimented with alcohol or other drugs and may be heading down a path of self-destruction.

Research findings confirm that

- four out of ten sixth graders say there is peer pressure to use alcohol and other drugs;
- AOD problems are not confined to certain populations or groups of specific economic levels;
- illicit drugs are dangerous;
- today, drugs are more dangerous, potent, and addictive than ever before;
- alcohol and other drugs cause physical and emotional damage and dependence;
- AOD abuse contributes to the rise in crime in communities; and
- alcohol and other drugs are available from a variety of sources in nearly every community.

OVERVIEW

Review the goals and objectives of the program. Distribute handout #1 so participants can follow the discussion.

CENTERING AND FOCUSING

This activity is designed to help participants think about what this session could mean to them. It is a time for personal reflection.

Time: 15 minutes

Materials: Journals, pens, pencils

Procedure: Ask participants to think about today's topic. What does this topic mean to them? How can they use this material to help themselves and their family? Suggest that all participants write their thoughts in their journals.

FINDING OUT WHAT WE KNOW

Time: 20 minutes

Materials: Fact or Fiction questionnaire, pens, pencils

Procedure: Distribute the questionnaire and ask each person to complete it.

Followup: Ask volunteers to explain their answers. Briefly clarify misconceptions before continuing. Point out resources for more information if participants are interested. They will learn more in each session.

Handout #1

GETTING A HEAD START AGAINST ALCOHOL AND OTHER DRUGS
Curriculum Outline

This curriculum is designed for Head Start families and focuses on the prevention of alcohol and other drug abuse. The 10 modules cover the following topics:

Module 1—Orientation: Tuning In on the Times

This session provides an overview of alcohol and other drug culture. Parents will focus on alcohol and other drug identification, paraphernalia, and facts and fiction associated with AODs, and will sign the "Commitment Contract."

Module 2—We Are Family

The family is influenced by many negative factors, such as violence, conflict, and unemployment. The most destructive of these forces is AOD abuse. Participants will examine family risk factors related to abuse of alcohol and other drugs.

Module 3—Self-Esteem

How people feel about themselves affects behavior, hopes, dreams, and aspirations. The focus of this module is on how parents can develop positive self-esteem for themselves and their children.

Module 4—Communication

Communication is something that a person does every waking minute. It can be verbal or nonverbal (body language), spoken or written. Parents and children need to communicate in a special way. This session focuses on how to improve and strengthen communication between parents and children.

Module 5—Stress

People face many problems, pressures, and conflicts, and thus a great deal of stress. This session will help parents cope with stress and find ways to make it manageable.

Module 6—Developing Support Groups

Everyone, from time to time, can use a helping hand. People often feel unloved, unwanted, and disconnected. As a result, they sometimes turn to alcohol and

other drugs for relief. Participants in this session will be encouraged to explore a variety of support systems—including themselves!

Module 7—All Around the Community

The community is a place to live, love, play, and work. However, today it is also a place for violence and fear. Alcohol and other drugs have made some communities unsafe. This session will emphasize finding safety and support within the community.

Module 8—Health Issues Related to Alcohol and Other Drug Abuse

Much more than an apple a day is needed to maintain a healthy body. When someone begins to abuse alcohol and other drugs, the health of the entire family is often affected. Participants will engage in a variety of activities designed to help improve and enhance family health.

Module 9—Values and Peer Pressure

Adults, as well as children, experience pressures from friends and acquaintances. Sometimes people feel pressured to engage in negative and illegal acts. This module is designed to help parents understand and cope with these pressures.

Module 10—Appreciating Our Families

How often do we say special things about our families? Each family is special and unique in a variety of ways. This session focuses on finding ways to celebrate and strengthen the family. Each person will develop a "Family Protection Plan."

Handout #2

FACT OR FICTION?

Directions: Please read the following statements and check your knowledge of alcohol and other drug facts or fiction. If you believe the statement is true, place a ♥ in the blank. If the statement is false, place a ♦ in the blank. If you are not sure, put a ? in the blank.

____ 1. Alcohol is the most frequently abused drug.

____ 2. Addiction to alcohol sometimes runs in families.

____ 3. Some drugs help you think better—they make you smart.

____ 4. Alcohol and other drugs affect pregnancy only when the mother doesn't eat properly.

____ 5. Crack, snow, and Corine are street names for cocaine.

____ 6. Eating food cannot completely stop the effects of alcohol and other drugs.

____ 7. Once an alcoholic, always an alcoholic.

____ 8. Prescription drugs are not addictive.

____ 9. Children younger than 10 can become alcoholics.

____ 10. Men can handle more alcohol or other drugs than women.

____ 11. Cocaine use has little effect on your health if you exercise regularly.

____ 12. Brain seizures can occur from extreme changes in blood pressure produced by cocaine use.

____ 13. It's all right for pregnant women to smoke as long as they don't inhale.

____ 14. Smoking cigarettes can cause serious health problems for nonsmokers.

____ 15. Smokeless tobacco is not as harmful as cigarettes.

Answers to Fact or Fiction questionnaire

1. True
2. True
3. False
4. False
5. True
6. True
7. True
8. False
9. True
10. False
11. False
12. True
13. False
14. True
15. False

Permission to adapt this activity from the *Family Activity Book: Preventing Drug Abuse Through Family Interaction* ©1982, 1984 Roberts & Associates was granted from Comprehensive Health Education Foundation (*CHEF*®), Seattle, Washington. All rights reserved.

BLOW THE WHISTLE ON ALCOHOL AND OTHER DRUGS

Time: 40 minutes (This activity is in two parts; 20 minutes are allowed for each part.)

Materials: Household items; Blow the Whistle on Alcohol and Other Drugs game sheet; Crack, Smack, Pot, and Pipes! Alcohol and Other Drugs Description Chart; Drug Identification Kit

This special Drug Identification Kit contains samples of drugs. The kit is designed to help identify substances that are often abused. Popular or common names of drugs are provided as a way to help parents become aware of the language most often used by children, teens, and adults. The kits may be purchased from Narcotics Education, Inc., 55 W. Oak Ridge Dr., Hagerstown, MD 21740, 1-800-548-8700, or borrowed from local police departments and drug enforcement agencies.

Preparation: Display the household items on a large table. Do not group them in any order. Participants will be asked to choose randomly. Hand out game sheets to each group leader.

Procedure (20 minutes)**:** Divide group into three teams. Distribute a copy of instructions for "Blow the Whistle on Alcohol and Other Drugs" to each team leader and a game sheet to each group. The first team to finish should blow the whistle (a team member can whistle or make a whistle-like noise).

Followup (20 minutes)**:** Ask all participants to share reactions to this activity. Encourage the group to share feelings, concerns, or surprises. Ask the group that finished first to share its game sheet. Lead a general discussion on the answers to the game. If time permits, ask the other two teams to make brief reports. The following information may help guide the discussion:

Household items associated with alcohol and other drugs
(select several to display):

Code:
M—Marijuana C—Cocaine H—Heroin I—Inhalant A—Alcohol

Item	Associated Drug (including Alcohol)	Associated Use
Drain screen	M	Straining marijuana, pipe screen
Cigarette paper	M	Rolling cigarettes (joints)
Toilet paper/ paper towel rolls	C	Makeshift pipe
Hairpins	M	Holding joint (roach clip)

Item	Associated Drug (including Alcohol)	Associated Use
Inhalers	I	Inhaling fumes
Cinn ıon oil	I	Inhaling for euphoria
.g soda	C	Mixing/cooking crack cocaine
epper	General	Camouflaging odor of drugs, for sniffing dogs
Coffee		Camouflaging odor of drugs, stimulant
Candles	C/H	Cooking or heating drugs (portable)
Spoon	H	Cooking heroin
Cough medicine	A	Drinking half a bottle to get high
Airplane glue	I	Sniffing, usually in a paper bag (inexpensive)
Morning glory seeds		Chewing for euphoric effect
Matches		Lighting or cooking drugs/makeshift roach clip
Toothpaste		Put on end of cigarette and smoke to get high, a potent hallucinogenic
Toy frog		Licked to produce a hallucinogenic effect
Keys	C	Roach clip/spoon for sniffing or spooning out drug from small container
Nail file	C	Cutting or making piles of cocaine/sniffing cocaine
Mushrooms		Dry and eat
Stickers	LSD	Licked to produce a "trip"
Miniature alcohol bottles	C/M	Makeshift crack cocaine or marijuana pipe when pinholes placed in bottle top
Listerine	A	Drink to get high
Straws		Sniffing utensil or as mouthpiece for a makeshift pipe
Blotter paper		Receptacle for liquid hallucinogens
Peach pits		When eaten or sucked on, can produce a mild hallucinogenic trip
Alcohol		Produces euphoria, depression, manic behavior, coma, or death
Cigarettes		Provides nicotine as a stimulant
Ammonia		Used as additive to smoke with crack
Bleach		Used to clean "works"
Paper bags		Used as container for sniffing airplane glue
Ink pen barrel	C	Makeshift pipe

Following the report and subsequent discussion, use the Drug Identification Kit and the Alcohol and Other Drugs Description Chart ("Crack, Smack, Pot, and Pipes!") to help participants identify the alcohol and other drugs and view samples of them. Be prepared to discuss the items not selected by either team.

Not All Drugs Are Illicit

Many of the drugs that are most abused in our society are licit. They are readily available and generally socially acceptable. Drugs in this legal category include alcohol, cigarettes (nicotine), and caffeine (coffee, tea, chocolate, cola drinks). Society accepts the use of these substances and consumes large quantities regularly.

Most often, these are the drugs that children usually begin to use. In the United States, the legal drinking age is now 21. However, even very young children are able to purchase cigarettes, especially in vending machines. Research indicates that there is a definite correlation between later alcohol and other drug abuse and the age when a person first begins to drink alcohol or smoke. The earlier the age of first use, the greater the likelihood of later AOD abuse.

Other factors related to abuse of alcohol and other drugs include heredity and family history. Children whose parents are heavy drinkers or alcoholics stand a far greater risk of becoming abusers. A family study published by the Pacific Institute for Research and Evaluation indicated that children are more prone to alcohol and other drug use if their parents

- smoke cigarettes,
- abuse alcohol or are alcoholics,
- take illicit drugs,
- use any substance to help master stress, or
- impart an ambivalent or positive attitude toward alcohol and other drugs.

Kinds of Drugs

Many drugs have an impact on or change behavior, emotions, and mental state. These drugs can be classified as licit or illicit. These categories include the following:

Licit. Approved for sale over the counter or by prescription. Alcohol is a licit drug, available for sale to anyone 21 years of age or older.

Illicit. Drugs that are prohibited by law for either sale, manufacture, or distribution. Such drugs include PCP, marijuana, cocaine, and heroin.

Prescription drugs. Approved for manufacture, sale, or distribution by a licensed physician or manufacturer. The distribution of these drugs is controlled by law. Included in this group are Valium, morphine, Percodan, and codeine. When used improperly, these drugs can cause dependence.

When drugs are used improperly, they can cause harm to the user. The consequences can be physical, mental, criminal, and financial.

Alcohol: The Most Abused Drug

It's often portrayed as a necessary accessory for glamorous people. Sometimes, it's viewed as a cure-all for depression, fear, confusion, disappointment, shortcomings, or for simply being born in the wrong year. The ads suggest that it gives you gusto, nerve, strength, acceptance, and sex appeal. Got a problem? Take a drink and you'll feel better.

The truth is that alcohol can be deadly. It is the most used licit drug (for those 21 and older) in this country. For some people, taking that first drink of beer can lead to a vicious addiction—alcoholism. There is strong evidence that alcoholism runs in families. Here are a few facts:

- Alcoholics are more likely to have alcoholic mothers, fathers, brothers, sisters, or other relatives.
- Almost one-third of any sample of alcoholics has at least one parent who is or was an alcoholic.
- Nearly one in eight American adults is alcoholic or experiences drinking problems.
- Alcoholics can cause stress for their entire family.

Adapted from Office for Substance Abuse Prevention. *The Fact Is ... Alcoholism Tends to Run in Families.* Rockville, MD: Dept. of Health and Human Services, 1991.

Children of Alcoholics: Facts and Figures

1. There is strong, scientific evidence that alcoholism runs in families.
2. Children of alcoholics are two to four times more likely to develop alcoholism than children of nonalcoholics. They are also at greater risk for drug problems.
3. Based on clinical observations and preliminary research, a relationship between parental alcoholism and child abuse is indicated in a large proportion of child abuse cases.
4. Children of alcoholics are more likely to score lower on tests measuring verbal ability.

5. Children raised in alcoholic families are more likely to have different life experiences than children raised in nonalcoholic families.

6. They exhibit symptoms of depression and anxiety more often than children of nonalcoholics.

7. They often have difficulties in school.

8. They often have greater difficulty with abstraction and conceptual reasoning.

9. There is a clear relationship between being a child of an alcoholic and having an attention-deficit disorder, hyperactivity, conduct disorder, or delinquency.

10. Maintaining consistency around important family activities such as vacations, mealtimes, or holidays, are protective for some alcoholic families.

11. Children of alcoholics may benefit from developing autonomy and independence, developing a strong social orientation and social skills, engaging in acts of "required helpfulness," developing a close bond with a caregiver, successfully negotiating an abundance of emotionally hazardous experiences, learning to perceive their experiences constructively, even if those experiences cause pain or suffering, learning early in life to gain other people's positive attention, and developing and maintaining a positive vision of life.

Adapted from Office for Substance Abuse Prevention. *The Fact Is ... Alcoholism Tends to Run in Families.* Rockville, MD: Dept. of Health and Human Services, 1991.

Adding Up Alcohol Facts

- Alcohol is a drug.
- Alcohol is a mind-altering drug. It produces predictable stages with regular use.
- Alcohol is a leading cause of preventable illness and death in America.
- Alcohol is also a common gateway into all nonmedical drug use.
- Alcohol, if used at all, should be used only by adults in moderation.
- Alcohol should not be consumed by those who are pregnant, underage, using prescription medication, or who have a family history of alcohol-related problems.
- Alcohol is unique because it is the only nonmedical drug that is taken only by mouth (never snorted, smoked, or injected).

- Alcohol is the only drug that contains calories.

Adapted from DuPont, Jr., R.L. *Getting Tough on Gateway Drugs: A Guide for the Family.* Washington, D.C.: American Psychiatric Press. 1984. Adapted with permission.

Facts About Tobacco and Nicotine Dependence

Many young people are addicted to nicotine. Research has shown that the earlier the onset of smoking, the more likely dependence will occur. The Surgeon General views cigarettes as addictive as heroin or cocaine.

According to Dr. Robert DuPont, president of the Center for Behavioral Medicine, 12- to 17-year-old smokers are

- **twice** as likely to be users of alcohol,
- **nine times** as likely to illegally use pills that are stimulants or depressants,
- **ten times** as likely to smoke marijuana, and
- **fourteen times** as likely to use cocaine, heroin, or hallucinogens.

Cigarettes are therefore viewed as a gateway drug—one that could lead to use of other substances, both licit and illicit. Generally, cigarette smoking is associated with the use of alcohol. It is not unusual for people to choose to have a drink and a cigarette. According to DuPont (1985), "Three drugs have become gateways into the drug-dependence syndrome in America—alcohol is the gateway into use of chemically induced intoxication, marijuana is the gateway into illicit drug use, and cocaine is the gateway into intensified illicit drug use."

There is also great social appeal to smoking cigarettes. Parties, dances, meetings, dating, and other occasions are sometimes viewed as opportunities or invitations to smoke. The media often portray cigarette smokers to be fun loving, macho, or sophisticated. These images are very appealing to young people.

Clearly, smoking cigarettes could lead to later AOD abuse. It is now illegal for adolescents to purchase cigarettes in this country. However, most teenagers report they started to smoke by the age of 10.

Handout #3

BLOW THE WHISTLE ON ALCOHOL AND OTHER DRUGS

Instructions

Time limit: 40 minutes

Each team should complete the following activities:

1. Select a leader to report back to the total group.
2. Have team members select several items from the table, which they believe are associated with alcohol and other drug abuse.
3. Return to the small group and discuss the items and their association with alcohol and other drugs.
4. List three or four of the chosen items on the game sheet. Describe how these items are used and provide other information.

BLOW THE WHISTLE

5. The leader should report to the total group (no longer than 5 minutes).

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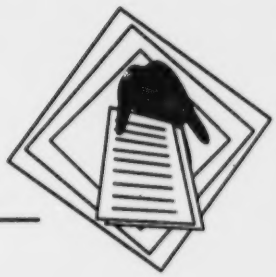
Blow the Whistle on Alcohol and Other Drugs Game Sheet

Items(s)	Drug Name	Legal Status	Street Names	Symptoms

Handout #4



CRACK, SMACK, POT, AND PIPES!
Alcohol and Other Drugs Description Chart

Narcotics

Drug names	Heroin, morphine, codeine, Dilaudid, Demerol, Percodan, Methadone, Talwin
Street names	Heroin—snow, skag, H, Harry, horse, hard stuff, dope, boy Morphine—M, morpho, Miss Emma Codeine—school boy Dilaudid—lords Methadone—dollies
Symptoms of use	Lethargy, drowsiness, euphoria, nausea, constipation, constricted pupils, slowed breathing, convulsions, coma, possible death
Routes of administration	Injected and ingested
Medical use	For pain relief
Legal status	Illicit or prescription only

Hallucinogens

Drug names	LSD (lysergic acid diethylamide), PCP (phencyclidine), DMT (dimethyltryptamine), Mescaline, MDMA (methylenedioxymeth-amphetamine), STP (dimethoxymethamphetamine), psilocybin
Street names	LSD—acid, pearly gates, wedding bells, microdot, ice PCP—angel dust, hog, HTP STP—serenity, peace MDMA—ecstasy, love drug, Adam Mescaline—peyote, mescal, M & M PCP—Love Boat
Symptoms of use	Trance-like state, excitation, euphoria, increased pulse rate, insomnia, hallucinations, convulsions, brain damage, possible death
Routes of administration	Ingested and injected
Medical use	None
Legal status	Illicit

Ethyl alcohol

Drug names	Beer, gin, vodka, bourbon, whiskey, liqueurs, wine, brandy, champagne, rum, sherry, port, coolers
Street names	Booze, alcohol, liquor, drinks, cocktails, highballs, nightcaps, moonshine, white lightning, mountain dew, firewater
Symptoms of use	Slurred speech, incoordination, confusion, tremors, drowsiness, agitation, nausea and vomiting, respiratory depression
Route of administration	Ingested
Medical uses	For appetite stimulation, mild sedation
Legal status	Legal for those of established drinking age

Depressants

Drug names	Sleeping pills and tranquilizers (Seconal, Nembutal, Amytal, Quaalude, Miltown, Noctec, Placidyl, Valium, Librium, Tauxene, Serax)
Street names	Downers, barks, candy, goofballs, reds, yellows, blues, yellow jackets, nimbles, pinks, devils, Christmas trees, phennies, peanuts
Symptoms of use	Drowsiness, confusion, incoordination, tremors, slurred speech, depressed pulse rate, shallow respiration, dilated pupils, coma, possible death
Routes of administration	Ingested and injected
Medical uses	For tranquilization, sedation, and sleep
Legal status	Prescription only

Cocaine

Drug name	Cocaine
Street names	Coke, flake, snow, dust, happy dust, gold dust, girl, Corine, Cecil, C, freebase, toot, blow, white girl, rock, base, Scotty
Symptoms of use	Excitability, euphoria, talkativeness, anxiety, increased pulse rate, dilated pupils, paranoia, agitation, hallucinations, convulsions, cardiac arrest, possible death
Routes of administration	Sniffed, smoked, injected
Medical use	For local anesthesia
Legal status	Illicit except when prescribed by a physician

Cannabis

Drug names	Delta 9-tetrahydrocannabinol, *Cannabis sativa*, marijuana, hashish, hashish oil
Street names	Pot, grass, reefer, joint, stick, Mary Jane, Acapulco Gold, rape, jive, hay, loco weed, bhang ganja, hash, hash oil
Symptoms of use	Mood swings, euphoria, slow thinking and reflexes, increased appetite, dryness of mouth, increased pulse rate, delusions, hallucinations
Routes of administration	Ingested and smoked
Medical uses	For treatment of glaucoma, relief of nausea in cancer patients
Legal status	Illicit

Stimulants

Drug names	Amphetamine, methamphetamine, biphetamine, Dexedrine, Desoxyn, Tenuate, Ionanin, Tepanie
Street names	Uppers, pep pills, wake-ups, bennies, eye openers, copilots, coast-to-coast, cartwheels, skyrockets, bambido, jelly beans, smeets, A's, Black Beauty, ice, crank
Symptoms of use	Excitability, tremors, insomnia, sweating, dry mouth and lips, bad breath, dilated pupils, weight loss, paranoia, hallucinations, convulsions, possible death
Routes of administration	Ingested and injected
Medical uses	For narcolepsy, obesity, hyperkinesis
Legal status	Prescription only

Inhalants

Drug names	Organic solvents, nitrous oxide, nitrites, aerosols, airplane glue, nail polish remover, lighter fluid, gasoline, paints, hair sprays
Street names	Nitrous oxide—laughing gas Amyl nitrate—snappers and poppers Butyl nitrite—locker room and reefer
Symptoms of use	Drunkenness, slurred speech, incoordination, nausea, vomiting, slowed breathing, liver damage, nerve damage, brain damage, possible death
Route of administration	Sniffed
Medical use	For anesthesia (nitrous oxide)
Legal status	Available in retail stores

BEST COPY AVAILABLE

WHOSE PROBLEM IS THIS ANYWAY?

Alcohol and other drug abuse is a personal problem as well as a community problem. This activity focuses on identifying possible solutions related to parents and community resources. The title of the activity leads participants to answer the question boldly. Everyone must share in the problem and the solutions.

Time: 15 minutes

Materials: Newsprint, markers

Preparation: Prepare three sheets of newsprint, one for each of the following questions:

1. How can parents confront alcohol and other drug abuse in your community?
2. What methods or techniques work best?
3. How can the authorities (police, legislators, others) help families?

Procedure: Divide participants into three smaller groups. Assign one question to each group for discussion. Provide each group with a marker and the sheet of newsprint with the assigned question. Ask each group to choose a leader for the session and another person to act as recorder. Each group is to list at least five responses to the assigned question.

Followup: Ask the groups to report their responses. The leader from each group should display the newsprint for all to see. If time permits, ask the entire group to select the three most significant responses to each question.

Also, allow approximately 5 minutes for participants to record in their journals the information generated during this activity. From time to time during the next sessions, refer to these responses. This reference will enable participants to understand the relationship between the material and experiences.

OPTIONAL AT-HOME LEARNING ACTIVITIES

Participants have now had several experiences to enhance their awareness of alcohol and other drug problems. Group discussions have allowed individual input and the establishment of a more informal atmosphere.

This section of the curriculum can be implemented flexibly by the facilitator. Each group sets its own pace and operates in a unique manner. Some groups will move quickly to complete the activities. Others will move at a slower, more deliberate pace. The facilitator is responsible for getting to know the group and anticipating its needs. The facilitator should pay close attention to the following:

- Level of participation of all group members.

- Demonstrated interest in the material.
- Comfort level of the group.
- Individual needs of group members for specific content.
- Time remaining for completion of activities.

If time permits, the facilitator should follow the curriculum as it is designed. However, circumstances might indicate the need to make a change. The following format can be substituted:

1. Distribute handout #5, "Parent/Child Discussion Guidelines," and review it with the total group. Ask parents to practice at home and be prepared to share at the next session.

2. Distribute handout #6, "My Commitment Contract." Discuss the importance of setting personal goals and making a commitment to complete the curriculum. Instruct parents to complete the contract at home and return it at the next session. Be prepared to copy the contracts. Keep one at the center and return the original to each parent.

3. Complete the "Summary and Evaluation" as indicated.

Activities within each module that are appropriate for at-home learning experiences will be identified by the letters HLE.

WHAT'S A PARENT TO DO?

Discussing alcohol and other drug problems can make everyone feel uneasy. Parents have trouble finding the right words when approaching their children. However, everyone will agree that children need to become aware of the dangers of alcohol and other drug use. This activity will help parents communicate with and empower their children.

Encourage parents to share their feelings about communicating with their children. Also, encourage parents to think of other suggestions and points to share with children.

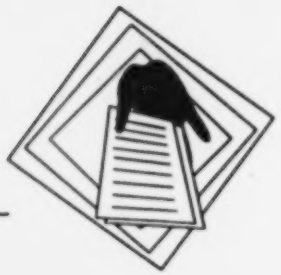
Time: 10 minutes

Materials: Parent/Child Drug Discussion Guidelines

Procedure: Provide participants with a copy of the "Parent/Child Drug Discussion Guidelines." After they read it, discuss why it is important to stress these points with young children.

Handout #5

PARENT/CHILD DRUG DISCUSSION GUIDELINES



When you discuss alcohol and other drugs with young children, concentrate on these points:

- Some drugs will look like candy but they are definitely not to be tasted or handled. Crack cocaine will often look like hard, white, rock candy.

- Some drugs look like sugar, baby powder, or flour. Cocaine is a white powdery substance. Don't handle or taste it. Always tell a responsible adult (parent, teacher, police officer, pastor, bus driver, or utility worker, for example) if you find any unknown substance.

- Never pick up discarded hypodermic needles, plastic bags, burned bottle caps, or other objects. These items are often found on playgrounds, on the streets, in bathrooms, in hallways, near gutters, near grates, under trash piles, in trash bags, or just about anywhere. These things are dangerous. Find a responsible adult and take the adult to the dangerous items.

- There are licit and illicit drugs. Licit drugs that are often used include alcohol (liquor), cigarettes (nicotine), and caffeine (coffee, tea, chocolate, cola drinks).

MODELING THE RIGHT MESSAGE

> "My head aches. Give me the bottle of aspirin. I could take the whole bottle."
>
> "Oh, no! Not again! I didn't get the job. I need a drink."
>
> "I don't care what the directions on the bottle say, I always feel better when I take extra pills."

How often have you heard yourself or someone else repeat these words. How often have your children heard someone—perhaps you—say these things? Many people say and do things that children could view as OK when it comes to drugs. Children are like little sponges. They soak up everything around them. They hear, see, or imagine more than adults sometimes give them credit for.

Bear in mind that until your children reach adolescence, you are the "apple of their eye." They love to imitate your every move. Each time you reach for an aspirin, ask for a drink, overeat, bang or break something in anger, you are sending a message to your child—"I'm doing this because I want to, I need to, I have a right to, or I just don't care." Remember that your child keeps a running memory tape and will one day call up scenes from the past.

Here are a few suggestions for modeling the right message:

- Help children develop a healthy attitude toward alcohol and other drug use.
- Let them know that there usually are no quick fixes to crises or problems.
- Help children learn to wait and work for things they want.

GOAL SETTING

Time: 15 minutes

Materials: My Commitment Contract, pens, pencils

Procedure: Explain that the 10 sessions of this program are extremely important to parents and their families. People must think about what they want to accomplish by participating in "Parents Getting a Head Start Against Drugs." Ask each participant to complete a "Commitment Contract."

Followup: Ask participants to share their goals with the group. You may need to adapt one or more sessions of the curriculum to meet the needs of participants. Display the "Commitment Contract" for everyone to see.

NOTE: For this program to be most effective, this "Commitment Contract" should also be completed by the program director, policy council, component supervisors, staff, community volunteers, agency representative, and other parents.

Handout #6

PARENTS GETTING A HEAD START AGAINST DRUGS
My Commitment Contract

I agree to participate in/support (please circle one) this alcohol and other drug abuse prevention curriculum. I understand the curriculum contains 10 sessions. I will attempt to become familiar with each session in order to develop a strong stand against alcohol and other drug abuse and to help Head Start parents do the same.

My personal contributions to the fight against abuse of alcohol and other drugs will include the following:

Signed: _____ Date: _____

Position: _____

SUMMARY AND EVALUATION

Time: 10 minutes

Materials: Flip chart, markers, journals, pens, pencils

Procedure: In their journals, everybody should complete the following statements that appear on your flip chart:

1. Something I learned...
2. Something I want to know more about...
3. Something I will do or say to my child this week...

Emphasize that all journal entries are private unless the person wishes to share with the group.

Reference

DuPont, R.L. Marijuana, alcohol, and adolescence: A malignant synergism. *Journal of the American Medical Association* 254(16) Oct. 25, 1985.

Module 2
We Are Family

GOALS

- To explore the role of the family in combating alcohol and other drug abuse
- To identify ways to strengthen the family
- To plan a defense against AOD abuse

AGENDA

Celebration and Icebreaker

Introduction

Centering and Focusing—Many Kinds of Families

Is My Family at Risk?
  Risk Check for Your Child

Activities That Strengthen
  Ground Rules for Family Talk Time
  Who We Are
  Developing Self-Discipline: A Commonsense Approach
  ABC's of Prevention for Families

Summary and Evaluation

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- Risk Check for Your Child questionnaire
- Newsprint

- Marker
- Ground Rules for Family Talk Time handout
- Who We Are handout
- Developing Self-Discipline: A Commonsense Approach handout
- ABC's of Prevention for Families handout
- Journals

PREPARATION

Read through the materials for this session and complete the activities for yourself.

Display the newspaper and magazine articles and other resources.

Make enough copies of the handouts.

List one of the following "Family Talk Time" activities on each sheet of newsprint:

1. Watching a family sitcom.
2. Eating breakfast.
3. Going to bed.
4. Going to the supermarket.
5. Riding on the bus or in the car.
6. Walking to the child-care center.
7. Having fun on the weekend.

CELEBRATION AND ICEBREAKER

Serve some family snack favorites at this session. The icebreaker might relate to families in some way, too.

INTRODUCTION

Introduce the session with this familiar story: The neighbors seemed to be so critical when the 10-year-old boy was caught with marijuana in his pocket. They shook their heads and mumbled something about having lousy parents. The children from this family all seem to have problems in school. Some teachers

discuss in private just how they feel about having these troubled children in their classes.

Parents seem to be blamed for all the ills of their children. The family is often attacked by neighbors, the community, the media, and a host of others. What's a family to do?

Research has shown time and again just how important the family is to the well-being of children. Children who are in a closely bonded family tend to be more productive and better adjusted. However, families need help to stick together and become strong. Families have to work at building and bonding.

This session will focus on the uniqueness of families and how the family can prevent alcohol and other drug abuse.

CENTERING AND FOCUSING—MANY KINDS OF FAMILIES

Time: Approximately 20 minutes

There are many different kinds of family units. In some families, the parents are divorced or separated; in some, one parent has died; some have two parents; some, a stepparent; some, foster parents; some have one child; some have many children. Sometimes there are half-brothers and half-sisters, and sometimes, children are adopted. Some groups of people live together like a family but aren't related at all. The important things to remember are that no one kind of family is better than another, and that all families are okay.

There is no such thing as a perfect family. It is easy for us to look at a family down the street and think, "I wish my family was like the Smiths." Even within these "perfect" families, there is some stress—someone loses a job, a child has trouble in school, Mom or Dad is an alcoholic, one of the children is into drugs. We need to look at our own families and find the things we like best about them.

All families have rules by which they abide. In an AOD-dependent family, sometimes the rules are harder to understand. If Mom or Dad has been drinking or doing other drugs, he or she behaves differently than when not abusing alcohol or other drugs. Two particularly important things to remember in an AOD-dependent family are

1. children are not responsible for anyone else's drinking, or for the stress they might see in their parents' relationship because of the parents' AOD use; and

2. individuals are responsible for taking care of their needs and for making wise decisions about their lives; parents are responsible for themselves and for their children.

Adapted from DuPont, R.L. (ed.). *Stopping Alcohol and Other Drugs Before It Starts: The Future of Prevention.* Rockville, MD: U.S. Department of Health and Human Services, 1989. p. 120.

Ask participants to take a few minutes to think about families that they have considered

- perfect,
- troubled, and
- strong.

What characteristics did each of these types of families display? Ask for volunteers to share their thoughts. Close by emphasizing that there are no perfect families.

IS MY FAMILY AT RISK?

Begin this activity by stressing that parents must be aware of certain risk factors associated with a child's use of alcohol and other drugs. Knowing of these factors will help families to better prepare for their children's future.

Time: 20 minutes

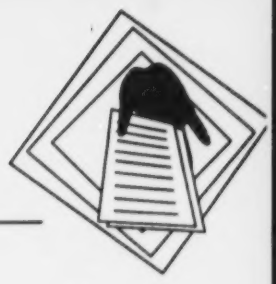
Materials: Risk Check for Your Child questionnaire

Procedure: Distribute copies of the "Risk Check for Your Child" handout (some parents may need more than one so they can complete it for the entire family). Make sure parents know that the questionnaire is not a scientific assessment. It is designed to alert parents to possible areas where their children may need attention.

Followup: Explain the instructions for scoring. Again, stress to parents that these scores are just indicators of issues that may need their attention.

Handout #7

RISK CHECK FOR YOUR CHILD



NOTE: A number of these questions are best used with older children and adults. Choose the questions that are best for your family.

Directions: What's the chance that your child will use alcohol or other drugs? Complete this risk check to find out. Different children in the same family can have a different risk for AOD use, so complete the list for each of your children. Place each child's initials in a column at the left and check the appropriate columns for each risk factor that applies.

Child's Initials	*Child's Initials*	
_____	_____	
_____	_____	1. **Family history of alcoholism.** If the biological father of a boy is an alcoholic, put down a point for that boy.
_____	_____	2. **Early problem behavior.** Add a point for boys who were aggressive and difficult to control when they were 5, 6, or 7.
_____	_____	3. **Family patterns.** Give a point for each of the following that happens in your family:
_____	_____	Your children don't share their thoughts and feelings regularly with at least one family member.
_____	_____	You rarely let your child know in advance what kind of behavior you expect.
_____	_____	You don't usually keep track of where your child is, what your child is doing, and who your child's friends are.
_____	_____	You rarely praise your children for doing well.
_____	_____	When your child breaks family rules, you're not consistent and controlled in your punishment.
_____	_____	4. **Family AOD involvement.** Add a point if household members abuse alcohol or other drugs around the children, or if adults in the family involve children in their drinking or other drug activity, such as by asking a child to get a beer or to light a cigarette.
_____	_____	5. **Poor school performance.** Add a point for each child who failed to achieve in school when that child was 10 or 11.
_____	_____	6. **Dislike of school.** Add a point for children who strongly dislike school or have a poor attendance record.
_____	_____	7. **Alienation from family and society.** If your children have become isolated from the family and cynical about their involvement in family and school activities, add another point.

Child's Initials	*Child's Initials*	
_____	_____	
_____	_____	8. **Delinquent behavior/school misbehavior.** Add a point if your child is involved in delinquent behavior or has been suspended or expelled for misbehaving in school.
_____	_____	9. **Friends who use alcohol or other drugs.** Add another point for each child whose close friends use alcohol or other drugs.
_____	_____	10. **Favorable attitudes toward AOD use.** Add a point for each child who expresses the view that it's O.K. for children to use alcohol or other drugs.
_____	_____	11. **Early first use.** Finally, if any children in your family began to use alcohol, marijuana, or other drugs before age 15, add points to that child's total. To calculate the number of points to add, subtract the child's age at first use from 15 and add the result to your child's total.
_____	_____	**TOTAL**

After you've checked the appropriate columns, total the number of points for each child. The higher the number, the greater the risk for problems with alcohol or other drugs. But remember, this survey is not scientific. It provides only statistical probabilities. The presence of many risk factors doesn't condemn your children to be users of alcohol or other drugs, nor does a low score mean your child will be free of problems. This risk check is intended simply to alert you to these factors so that you can work to change risky patterns of behavior.

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ACTIVITIES THAT STRENGTHEN

Time: 40 minutes (30 minutes for Family Talk Time, 10 minutes for followup)

Materials: Family Talk Time sheets, Ground Rules for Family Talk Time handout, Who We Are handout, Developing Self-Discipline: A Commonsense Approach handout, ABC's of Prevention handout

Procedure: All families need special times to share. So much happens during the course of a day. Children especially need a time to open up and tell parents what happened to them during the day or what they hope to do the next day.

Much sharing can take place while daily routines are being taken care of. Sometimes, it makes sense to start a conversation with your children when eating breakfast, watching TV, reading a story, riding on the bus, or other such times. These special conversations reinforce the bonding between parent and child.

"Family Talk Time" will allow each member to feel special. Distribute copies of the handout listing the ground rules for "Family Talk Time" and review them with the group.

Hang the "Family Talk Time" sheets on the wall for the group, or hand out one sheet to each of several small groups for discussion. Ask participants to think of questions to address during these times. Some suggested questions and ideas for each topic are as follows:

1. **Watching a family sitcom.**

   Choose any family show and encourage the whole family to watch.

   - What happened in the show when the whole family was involved?
   - What were the children doing in the show? Ask about each one.
   - What did the father do that was funny?
   - What did the mother do that was funny?
   - What funny things happen in your family?
   - Play a game of "Jeopardy" about the show you watched: Give children the answers and have them ask the questions.

2. **Eating breakfast.**

   - What did your family eat yesterday for breakfast?
   - What's your favorite breakfast food?

- Play a guessing game. Guess what kind of food ducks eat for breakfast. Add the names of other animals. What does your child's best friend eat for breakfast?

- Plan a special breakfast for the family.

3. **Going to bed.**

   - Tell a story and discuss the characters.

   - Tell a story about a relative: grandmother, uncle, or someone else.

   - Who is in your family?

4. **Going to the supermarket.**

   - Talk about a variety of foods.

   - Discuss colors and number ideas. How many people are in your family? What does your family like to eat?

   - What should you buy for snacks?

5. **Riding on the bus or in the car.**

   - Look at all the stores. Some stores have windows and some are boarded up. Do your children know why?

   - Talk about what you see from the bus window.

6. **Walking to the child-care center.**

   - What do your children plan to do today?

   - What's their favorite activity?

   - Who's their best friend?

   - Be sure you say "Goodbye" and "I love you."

7. **Having fun on the weekend.**

   - Plan a special activity for the weekend. What can your family do to have fun? Go to the park or zoo? Play a family game? Perhaps you can take a walk and look around for something special.

Followup: Hand out copies of the directions for "Who We Are." Ask participants to complete the first part now and take the rest home to finish with their families.

Distribute copies of the handout, "Developing Self-Discipline: A Commonsense Approach." Point out that the recommendations apply to all families.

Also, distribute copies of the "ABC's of Prevention." Encourage parents to use this handout as a guide. Suggest that they place a letter of the alphabet and a topic on the calendar each day and use the message as a guide for themselves and their family.

Handout #8

GROUND RULES FOR FAMILY TALK TIME

- Everyone gets a chance to talk.
- One person talks at a time and doesn't get interrupted.
- It's O.K. to say what you feel.
- No one has to talk.
- Everyone has to listen.
- No one puts down anyone else.

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Family Talk Time

To be completed by parent or older child

Date:

Child's name:

Location (where we talked):

Things we talked about (questions I asked):

Things I want to talk about next time:

How did we do?

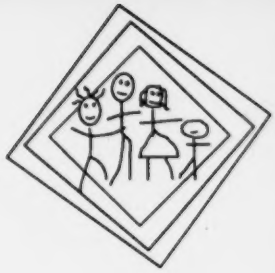
Handout #9—HLE

WHO WE ARE

We all have our personal interests, skills, likes, and dislikes. Each of us contributes these qualities to our family. Families are unique because each person is special. Here are some ways to find out just how special your family is.

Directions:

1. In your journal, draw your own profile of your face (or a smiley face, if you like). Then describe yourself with the following information:
   - Favorite nickname.
   - Vital statistics such as my birthday.
   - What I do for fun.
   - What I do when I feel sad.
   - Something I do well.
   - Favorite sport.
   - Favorite food.
   - Favorite color.
   - My hero/heroine.
   - Favorite family activity.
   - Favorite animal.
   - Favorite place.
2. Take this sheet home to your whole family. Ask each family member to fill in the items. See if you agree on some answers.



OUR FAMILY

Our favorite dream/ideal vacation is

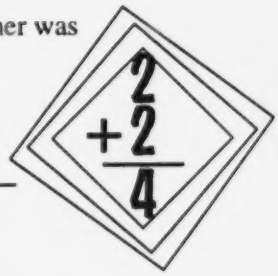
Our favorite meal/food is

Our favorite time at home is

Our favorite Saturday activity is

Our favorite pet is

A time when we really had to work together or support each other was



SOMETHING I LEARNED

Something I learned about myself is

Something I learned about my family is

Something I learned about another family member is

Something our family would like to do together is

Something our family likes to do together is

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Handout #10

DEVELOPING SELF-DISCIPLINE: A COMMONSENSE APPROACH

Directions: Read each statement carefully and change the negative statements into positive parenting statements.

1. From their infancy, give children everything they want. In this way, they will grow up to believe the world owes them a living.

2. When they pick up bad words, laugh so they think they're cute and will continue to pick up "cuter" phrases.

3. Never give any spiritual training. Wait until children are 21 and then let them decide for themselves.

4. Pick up everything they leave lying around—books, shoes, clothes. Do everything for them so they will be experienced at throwing all responsibility on others.

5. Give children all the spending money they want. Never let them earn their own. Why should they have things as tough as you had them?

6. Take their part against neighbors, teachers, policemen. These people are all prejudiced against your children.

7. When they get into real trouble, apologize for yourself by saying, "I never could do anything with them."

8. Don't inquire into the background, personalities, records, and habits of the kids they pal around with.

Adapted from Kunjufu, J. *Developing Positive Self-Images and Discipline in Black Children*. Chicago: African-American Images, 1984. p. 17. Reprinted with permission of the publisher.

Handout #11

ABC'S OF PREVENTION FOR FAMILIES

A—ACTION. Become actively involved in your children's world. It's a magical place to be. Be ready to speak up for them when the time is right.

B—BONDING. Do special things with your children. This involvement is the glue that holds families together.

C—COMMITMENT—CELEBRATION—COMMUNICATION. Your children are unique. Find ways to tell your children just how much they mean to you and why it is important to do fun things with them.

D—DISCIPLINE. It takes a long time for children to learn to get along with others and to control their own behavior. Explain how you expect children to act. Use words to solve problems with each other. Be patient.

E—EDUCATION. Model the importance of education for your children. Show them how much the center, school, and the community mean to your family. Participate in their activities and communicate with teachers.

F—FAMILY. There are all kinds of families and each one is special. Share some funny things, historical facts, hobbies, celebrations, and values. Develop a family tree. All of these things help children understand and appreciate their families.

G—GROWTH. Spread your wings and expand your tomorrows with your children. Reach toward new experiences and embrace the impossible. Everyone can grow and learn today and through all of the tomorrows.

H—HOPE. Never give up on yourself or your children. Keep trying to strengthen the family. Remember that your children represent the future. Invest in them.

I—INVOLVEMENT. No one can give your children the stimulation and hope that you can. Get involved in everything your children do. Let them know how important their activities are. Stay abreast of their friends, activities, hobbies, dreams, fears, feelings, and strengths.

J—JOY. Find the joy in parenting. There is a great amount of fun to be had with your children. Laugh with them when things are funny. Tell a joke or listen to theirs. Do fun things together, such as blowing bubbles, flying a kite, rolling down a grass-covered hill, having a pillow fight, playing hopscotch, jumping rope, playing horseshoes, or making mud pies.

K—KINDNESS. Always be ready to show your concern for your children. Remember that they are not always aware of how they make you feel. Kiss a bump or be there when they need you most.

L—LOVE. All children and adults need large doses of love. Show your love in many special ways. Say it, show it with hugs and kisses, smile, and be ready to understand their special needs.

M—MISTAKES. Everyone makes mistakes. Adults as well as children can learn from mistakes. Learn to forgive yourself and your children. No one is perfect. Pick up the pieces and give support to each other in order to continue growing.

N—NURTURANCE. Parents can provide a warm and safe environment for their children. Let your family know that they are valued and worthy of being treated as special people. Set up special small places for your children at home.

O—OPEN. Keep lines of communication open between you and your children. Keep your eyes open for changes in their behavior. Keep your ears open for signals of need, concern, fear, confusion, problems, and successes. Keep your arms open and ready to give a big hug whenever it's needed or you feel like it.

P—PATIENCE. Was there ever a parent who did not need an extra amount of patience at some point? No! All parents need patience in order to raise their children. Practice using timeouts for yourself when you are about to lose your temper. Remember that little ones are busy exploring their world and are not always aware of all the rules.

Q—QUIET. Find time for yourself. Take a timeout when things seem to be getting the best of you. Find a quiet place, close your eyes, and think about something that is pleasant and relaxing. Be good to yourself.

R—RESOURCES. Find all the resources you need to do your parenting job. There are many different kinds of resources available to you and your family. These resources could help strengthen your family.

S—STRESS. Recognize the stress in your life. Everyone experiences stress at some point. It is important to find ways to cope with the stress and recognize it for what it is. Doing fun things with your family is one way to reduce stress.

T—TEACHER. Remember that you are your children's first teacher and most important model. Little children watch all that adults do. Try to model positive actions for them. By observing you, they learn to cope, solve problems, play, and handle stress.

U—UNDERSTANDING. Children need understanding and acceptance. Parents must find ways to communicate these concepts. When children feel understood and accepted, their self-esteem grows.

V—VALUES. Try to understand the values that your family lives by. Share these values with your children. Does your family value education? communication? freedom? individual accomplishments?

W—WISDOM. Parents learn by doing. Acquire as much information as possible about raising children. Use a commonsense approach.

X—TRA. Give yourself and your family extra time to do things together. Plan activities that bring the family together for meals, for talking, for problem solving, for loving, and for sharing small and large successes.

Y—YESTERDAY. Our futures are woven with strands of fabric from the past. Keep a family history and build on it for the future. Remember kinfolk and ancestors, and share their history with your children. Share photos, stories, travels, recipes, customs, and values.

Z—ZEALOUS. Adopt a CAN DO attitude!

Other Activity

Use a calendar and use a word from the "ABC's of Prevention for Families" to practice with your children and yourself. Keep these words and actions in mind as you move through your daily activities.

SUMMARY AND EVALUATION

Time: 15 minutes

Materials: Journals, pens, pencils

Procedure: Review goals of session and discuss how these goals were accomplished.

Module 3
Self-Esteem

GOALS

- To define self-esteem
- To explore self-esteem in children and adults
- To practice positive reinforcement
- To improve parent-child communication

AGENDA

Celebration and Icebreaker

Introduction

Centering and Focusing

What Is Self-Esteem?
  My Declaration of Self-Esteem

I Am Wonderful, I Think—Changing the Self-Concept
  Self-Appraisal

Feeling Good and Staying That Way

The One-Minute Praising

Optional At-Home Learning Activities
  How I Feel Wheel
  Personal Space and Rights
  Keep Your Children Safe

Summary and Evaluation

357-075 O - 93 - 4 : QL 3

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- Journals
- Pens, pencils
- Flip chart
- Marker
- Newsprint
- Masking tape
- My Declaration of Self-Esteem handout
- Self-Appraisal forms
- The One-Minute Praising handout
- Instructions for How I Feel Wheel
- Personal Space and Rights checklist
- Keep Your Children Safe handout

PREPARATION

Read through the materials for this session and complete the activities for yourself.

Display the newspaper and magazine articles and other resources. Decorate the room with children's artwork or other inviting displays. Select a few healthy snacks.

Choose an icebreaker.

On the flip chart, write the following two statements for the "What Is Self-Esteem?" activity:

1. Describe an adult and child with high self-esteem.
2. Describe an adult and child with low self-esteem.

Prepare three sheets of newsprint with one of these statements on each page for Part 1 of "Feeling Good and Staying That Way":

- Love Message: Show affection.
- Love Message: I love you.
- Love Message: Give special attention.

On a separate sheet of newsprint, list the following rules for brainstorming in the same activity:

- Do not criticize.
- Accept all responses.
- It's okay to repeat a response.

Give each member of the group a copy of the handouts.

CELEBRATION AND ICEBREAKER

Serve snacks and beverages on a nicely decorated table.

Get people involved in the icebreaker so they'll be glad they came back for the third session.

INTRODUCTION

"Gee, I would love to win a million dollars in the lottery!"

"Someday I'm going to travel around the world!"

"Tomorrow I start my diet and I'm going to lose a lot of weight."

You've heard similar desires time and time again. All of us probably have voiced these wishes at some time. Yet, rarely do any of us admit that we really don't feel very good about ourselves. Rarely do we admit that we feel like a bump on a log, like we have two left feet, or—worst of all—that we feel unloved.

Self-worth or self-esteem happen on the inside, but low self-worth and self-esteem are often evident through our behavior. How we feel about ourselves determines how we function. From research, we know that typical adults rarely use more than 10 percent of their potential in their lives. Many of us allow our hidden strengths or potential to lie dormant, untouched, and unrecognized.

We have all, at times, fallen prey to barriers that limit the development of our potential. The most common barriers include the following:

Generalizing. Sometimes we focus on one negative aspect of a situation and expect everything to fail. For example, perhaps someone invites you to attend a meeting that begins at 6:30. You can't make it until 7:00, so you don't go at all. Rather than get the benefits of the remainder of the meeting, you miss all the benefits.

Selective vision. Sometimes we see just what we want to see, and ignore the total picture. We might be missing the best part because we take things too personally or fail to consider the complete situation.

Laziness. It's so easy to choose the alternative that requires less effort, especially when our personal development is at stake. Although it does take some energy to discover your special strengths, most people are surprised at how little energy they need to get started. Instead, their energy seems to grow with each step they take.

Lack of awareness. Sometimes we're just not aware of our personal strengths. We all have many hidden qualities. It often helps to take stock of what you have already accomplished in your life to see just how capable you are.

Complacency. How comfortable it is to be satisfied with our lives the way they are. We don't want to risk upsetting the apple cart. Maybe you are putting off taking a training program because you're not sure you will do well. But when you pass up the opportunity, you give up the chance to show your stuff.

Self-blame. When we take the blame for everything that goes wrong, we lose confidence and lack assertiveness.

All of these excuses are indicators of how we feel about ourselves. If we use them often, or use very many of them, we probably don't think we're worth very much. How do we develop our opinion of ourselves?

We **acquired** our self-esteem. It is not something we were trained to have. It is not something we inherited. We developed our self-esteem from the way we were raised and from the way other people relate to us. Families are the key to whether children develop high or low self-esteem.

Most parents are willing to make every effort to guarantee their children's success in life. Although there are few guarantees related to rearing children, the most likely predictor of success is the development of a positive self-image. When children feel good about themselves, they are better equipped to meet the challenges they face as children, adolescents, and adults.

These are some of the barriers to developing positive self-esteem:

- Punishment for accidents or mistakes.
- Lack of love and acceptance.
- Parental disinterest in the child's activities.
- Inappropriate discipline.
- Unstimulating learning situations at home or school.
- Poor role models.
- Difficulties with school.
- Negative comments about one's physical appearance.

These are ways to promote your children's self-esteem:

- Encourage their efforts.
- Give positive feedback and praise.
- Show pride in their work by hanging it where others can see and enjoy it.
- Get involved in school activities.
- Find constructive ways to deal with problems.
- Teach sound values and attitudes.
- Listen well to children.
- Help them learn the behaviors and skills necessary for success.
- Instill pride in their accomplishments.
- Make home a learning center.
- Express love and warmth.
- Expand learning through special activities and trips.
- Set a good example.

CENTERING AND FOCUSING

Time: 5 minutes

Materials: Journals, pens, pencils

Procedure: Ask participants to think about self-esteem.

- What does this topic mean to them?
- How can they use this material to help themselves and their family?

Suggest that parents write at least one personal goal related to self-esteem in their journals.

WHAT IS SELF-ESTEEM?

Self-esteem is the perception we have about ourselves that defines who we are. It is how we view ourselves and the situation we are in. No matter what our environment, the beliefs we have about ourselves remain constant and determine our behavior.

We take our self-concepts everywhere: to the store, to work, to the bowling lanes, to the party, and even to religious services. We are clothed in our self-concept just as we are covered with skin.

Time: 20 minutes

Materials: Journals, pens, pencils, flip chart, marker, "My Declaration of Self-Esteem" handout

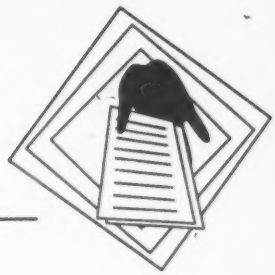
Preparation: Write the following statements on the flipchart:

1. Describe an adult and child with high self-esteem.
2. Describe an adult and child with low self-esteem.

Procedure: Ask participants to write their descriptions in their journals. After writing, the group can discuss the descriptions. Focus them on how self-esteem affects behavior, success, and contentment.

Followup: Have the group read "My Declaration of Self-Esteem" and discuss any questions or insights they may have. For variation, divide participants into small groups or pairs. Assign one or two paragraphs to each group. Help participants share feelings and concerns with each other.

Handout #12



MY DECLARATION OF SELF-ESTEEM

I AM ME

IN ALL THE WORLD, THERE IS NO ONE ELSE EXACTLY LIKE ME. EVERYTHING THAT COMES OUT OF ME IS AUTHENTICALLY MINE BECAUSE I ALONE CHOSE IT. I OWN EVERYTHING ABOUT ME. MY BODY, MY FEELINGS, MY MOUTH, MY VOICE, ALL MY ACTIONS, WHETHER THEY BE TO OTHERS OR TO MYSELF. I OWN MY FANTASIES, MY DREAMS, MY HOPES, MY FEARS. I OWN ALL MY TRIUMPHS AND SUCCESSES, ALL MY FAILURES AND MISTAKES. BECAUSE I OWN ALL OF ME, I CAN BECOME INTIMATELY ACQUAINTED WITH ME. BY SO DOING I CAN LOVE ME AND BE FRIENDLY WITH ME IN ALL MY PARTS. I KNOW THERE ARE ASPECTS ABOUT MYSELF THAT PUZZLE ME, AND OTHER ASPECTS THAT I DO NOT KNOW. BUT AS LONG AS I AM FRIENDLY AND LOVING TO MYSELF, I CAN COURAGEOUSLY AND HOPEFULLY LOOK FOR SOLUTIONS TO THE PUZZLES AND FOR WAYS TO FIND OUT MORE ABOUT ME. HOWEVER I LOOK AND SOUND, WHATEVER I SAY AND DO, AND WHATEVER I THINK AND FEEL AT A GIVEN MOMENT IN TIME IS AUTHENTICALLY ME. IF LATER SOME PARTS OF HOW I LOOKED, SOUNDED, THOUGHT AND FELT TURN OUT TO BE UNFITTING, I CAN DISCARD THAT WHICH IS UNFITTING, KEEP THE REST, AND INVENT SOMETHING NEW FOR THAT WHICH I DISCARDED. I CAN SEE, HEAR, FEEL, THINK, SAY, AND DO. I HAVE THE TOOLS TO SURVIVE, TO BE CLOSE TO OTHERS, TO BE PRODUCTIVE, AND TO MAKE SENSE AND ORDER OUT OF THE WORLD OF PEOPLE AND THINGS OUTSIDE OF ME. I OWN ME, AND THEREFORE I CAN ENGINEER ME. I AM ME AND

I AM OKAY

Virginia Satir

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I AM WONDERFUL, I THINK—CHANGING THE SELF-CONCEPT

Sometimes, we have a mental picture of ourselves as self-assured. When someone asks us how we feel about ourselves, we might say, "I feel wonderful!" But is this really true? This activity will help participants analyze how they really see themselves and will assist with goal setting.

Time: 30 minutes

Materials: Self-Appraisal forms, pens, pencils

Procedure: Ask participants to complete the "Self-Appraisal" form. Tell them they may then share things they feel like sharing with a partner, but they do not have to.

Discuss the value of knowing more about oneself. Also, help parents understand the importance of planning for the future.

Handout #13

SELF-APPRAISAL

All of us, throughout our lives, have been setting goals or objectives and striving to accomplish them. Some of these goals are conscious and clearly defined, but many are below our level of awareness.

1. **Things I do well.** Boast about yourself and focus on your strengths. Some of the things you do well will be things that are very meaningful to you; others may bore you to death. List all that you can think of quickly.

2. **Things I do poorly.** These things are those that you do not do well, but for some reason you want to, or have to, do them. Do not list things that you have no interest in doing or do not need to do.

3. **Things I would like to stop doing.** All of us know of things we would like to stop doing. They may or may not be things we have to do. List these things. Also, ask friends, family, and close associates to suggest some things they think you should stop doing.

4. **Things I would like to learn to do well.** These are things that you must do well and things that you want to do well.

5. **Things I would like to start doing now.** List those things that come to mind as you write. Do not censor anything.

6. **Major dissatisfactions I have with myself.** List those things about yourself that you are most displeased with.

7. **Ways I can improve.**

8. **Where I would like to be in the next year.**

9. **Where I would like to be in the next 5 years.**

10. **How I am going to get there.**

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FEELING GOOD AND STAYING THAT WAY

Time: 30 minutes (15 minutes for part 1, 15 minutes for part 2)

Materials: Newsprint with love messages and rules for brainstorming, markers, masking tape, journals, pencils, pens

Preparation: Review the brainstorming guidelines found on pages 42 and 43 of this guide. Hang up sheets of newsprint that list the guidelines.

Part 1. This brainstorming activity is for the entire group. Review the brainstorming guidelines. Then display one of the prepared sheets of newsprint. Ask participants to brainstorm ideas about how to show affection.

Encourage everyone to participate. List all responses, even if they overlap. As each sheet is completed, display it. Then follow with a brief discussion of the responses.

Part 2. Present the following material in a lecture format. Following the brief lecture, ask parents to complete the journal activity found at the end of each section.

1. **Love Message: Show affection.** Children need lots of hugs, touches, and kisses. This need is basic and children really understand the message. Research has shown that babies who are not touched or cuddled tend not to thrive.

   Parents should show affection openly. Let your children know how much you care about them by holding their hands; patting them on the back, head, or shoulder; and hugging them. These gestures help your children know that they are okay and capable.

Journal activity: List ways you will show affection to your children during the next week.

2. **Love Message: Say "I love you."** Children need to hear that they are loved. They feel safe and secure when they know that you love and care for them. Some messages—such as "I love you"—need to be given again and again. Children always welcome positive messages.

   Expressions of love cement the parent-child bond. There's no need to wait for a special occasion to tell children they are loved. Making an art project, picking up toys, or helping themselves get dressed are all special events. When you go to bed at night, when you get up, or when you walk past your children as they play are special enough times to say "I love you."

Journal activity: Think of times when you have told your children you love them. Jot down your thoughts in your journal.

3. **Love Message: Give special attention.** Plan your time so you are able to give your undivided attention to your children. Today, with the many pressures parents face, it's easy for children's needs to get lost in the shuffle.

   This special time with children will give you and your family members an opportunity to look closely at each other, to listen, hug, talk, enjoy each other's company, share secrets, and express your love.

Love practice: Find a partner with whom to share

- some of the times you wish you had given your children special attention, and
- all the ways you give your children special attention.

Journal activity: Write at least five ways you will give your children special attention during the week.

Followup: Encourage parents to discuss their experience with the message activity. Suggest that parents practice these techniques with their children.

THE ONE-MINUTE PRAISING

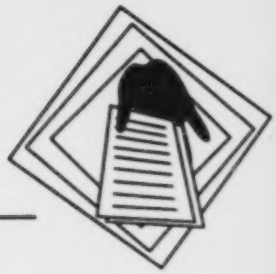
Time: 20 minutes

Materials: One-Minute Praising handout, pencils

Procedure: Distribute "The One-Minute Praising" handout and give participants time to read through the suggestions. Ask participants to find a partner. Each person will have one minute to show the partner how to praise a child. After each person has had at least one chance to practice, discuss these questions:

1. How did you feel using this method of praising?
2. What other methods have you used?

Followup: Explain that there are areas and people in most communities that are unsafe. Children should learn how to defend themselves in situations that might be frightening. Discuss as a group the suggestions in the handout on how to help children protect themselves. If time permits, set up role-playing for any suggestions that seem especially troublesome.



Handout #14

THE ONE-MINUTE PRAISING

- Catch your children doing something right.
- Praise their specific behaviors or actions.
- Tell them how pleased you are that they are behaving or acting appropriately.
- Be quiet for a short time so that what you have said can sink in.
- Tell them you love them and give them some form of physical affection.

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OPTIONAL AT-HOME LEARNING ACTIVITIES

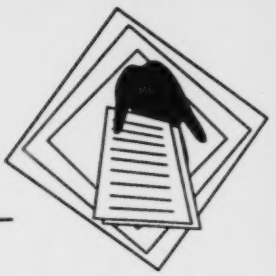
Practice makes perfect! The following activities are used to help parents and children feel better about themselves:

- How I Feel Wheel (handout #15).
- Personal Space and Rights (handout #16).
- Keep Your Children Safe (handout #17).

These activities are suitable for at-home use by parents. Review each activity with the group and answer questions. Emphasize the relationship of these activities to the development of self-esteem in children.

Handout #15—HLE

HOW I FEEL WHEEL



Sometimes, it's hard to tell our family how we feel. Yet our feelings affect them and our decisions. Sometimes, we make decisions under the influence of strong emotions when we are not thinking very clearly.

Provide a chance for family members to share their feelings and to be more aware of their own and others' feelings by doing the following exercise:

1. **Set an evening aside to do a family art project.** You need a small piece of paper, a large piece of paper (about 2 feet square), a pen or pencil, and crayons or colored pens.

2. On the smaller piece of paper, **make a list of eight or more feelings family members have** (happy, interested, sad).

3. Take out the large piece of paper. **Draw a large circle.** Divide the circle into wedge-shaped segments; make enough sections for the number of feelings on your list. Write a feeling in each wedge with a dark crayon or marker. Color each segment with a color you like.

4. **Hang the masterpiece** in an obvious place (e.g., the refrigerator, a door, a bulletin board, or wall).

5. **Make a marker for each family member.** Magnets work well on the refrigerator door. Pins with flags work, or use thumbtacks.

   When you first hang your "How I Feel Wheel," have everyone put their markers in the feeling they are experiencing. If they have a feeling that is not on the wheel, or if they want to pass, they can put their markers outside the circle. Have older children help younger children with this activity.

6. When family members go to the wheel at different times, they can move their markers to fit their mood or feeling.

7. When someone has marked a feeling, ask if the person wants to talk about it. You may learn that when some family members are angry, it's best to leave them alone, or when others are frustrated, they want to talk.

It is natural to have a variety of feelings. However, strong emotions affect our judgment. Important decisions should not be made under the influence of strong emotions (or alcohol or other drugs). For that reason, you need to know what you are feeling.

Permission to adapt this activity from *Preparing for the Drug (Free) Years: A Family Activity Book* © 1987, 1988 Developmental Research and Programs, Inc,; Roberts, Fitzmahan & Associates, Inc.; and Comprehensive Health Education Foundation (*CHEF*©) was granted from *CHEF*©, Seattle, Washington. All rights reserved.

Handout #16—HLE

PERSONAL SPACE AND RIGHTS

Directions: Circle the letter that best describes how you relate to your children.

A—Always **S—Sometimes** **N—Need improvement**

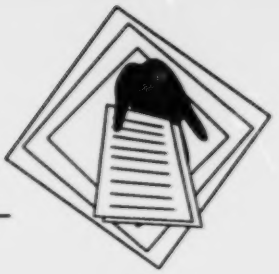
1.	I expect my children to finish tasks that are appropriate to their developmental stage and chronological age; my demands are realistic.	A	S	N
2.	I help my children figure out how to do difficult tasks but don't do the task for them.	A	S	N
3.	I have specific expectations and my children know what they are.	A	S	N
4.	I allow my children privacy and don't feel threatened by doing so.	A	S	N
5.	I encourage my children to make decisions for themselves. I don't interfere but do offer suggestions, alternatives, or support when appropriate.	A	S	N
6.	My children are allowed to disagree openly (in an appropriate manner) with adults and their decisions, particularly if those decisions involve the children's rights.	A	S	N
7.	I avoid threatening and physically forcing my children to comply with inappropriate or unreasonable rules.	A	S	N
8.	I listen to and respect my children's point of view and accept that view if it is suitable and appropriate for them.	A	S	N
9.	I avoid overprotecting my children. I allow them to fail, even when this experience causes me emotional or physical pain.	A	S	N

When you have finished, find a partner with whom to share your responses.

Adapted from Williams, M.B., and Chandler, J.C. *Be Safe—Better Safety Awareness from Education.* Falls Church, Va.: Falls Church Public Schools. 1986. Reprinted with permission of the authors.

Handout #17—HLE

KEEP YOUR CHILDREN SAFE



1. Give your children a sense of power and control in many kinds of situations. Help them learn to say NO! assertively.

2. Help children learn to evaluate different situations and to know when caution is necessary. Provide examples of good responses for a variety of situations, and practice these responses with your children.

3. Teach your children that telling adults about what they see or hear is O.K. and that you will believe their reports. Remind them that they can also share their concerns with teachers, a friend's parents, social workers, and others.

4. Help your children learn to trust their inner feelings.

5. Instruct your children never to go anywhere without permission or a person who is responsible for them.

6. Teach your children the difference between happy surprises and secrets. Help your children understand that it is O.K. to confide in you even if another adult has made them promise not to tell.

Adapted from Williams, M.B., and Chandler, J.C. *Be Safe—Better Safety Awareness from Education.* Falls Church, Va.: Falls Church Public Schools. 1986. Reprinted with permission of the authors.

SUMMARY AND EVALUATION

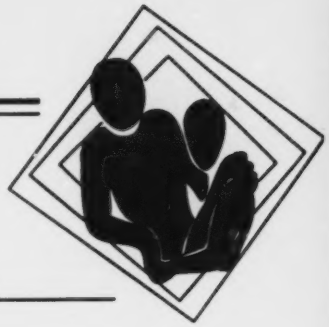
Time: 10 minutes

Procedure: Lead a discussion on the following questions:

1. How can children's positive self-esteem help them avoid use of alcohol and other drugs?

2. What are some messages about alcohol and other drug use that parents plan to get across to their children in a loving manner?

Module 4
Communication



GOALS

- To examine effective communication techniques
- To identify problem-solving strategies through the use of role-playing

AGENDA

Celebration and Icebreaker

Review and Introduction

Centering and Focusing

What Happened When...?

Communication: Winning With Words
  Self-Test

Use Communication to Prevent Alcohol and Other Drug Problems
  My Big Brother Scares Me

Parent-Child Communication
  The Parent-Child Relationship...Learning to Communicate

Summary and Evaluation

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- Journals
- Pens, pencils
- Flip chart

- Marker
- Self-Test
- My Big Brother Scares Me activity sheets
- The Parent-Child Relationship...Learning to Communicate

PREPARATION

Thoroughly acquaint yourself with the principles of how to foster good communication between parents and children. Listen for typical examples of how parents talk with children in your community and use those as you discuss these ideas with parents.

Continue to display newspaper and magazine articles as well as other resource materials so participants can look them over before and after the session.

Prepare a flip chart with the following principles of communication:

1. Communicate love.
2. Encourage your children to talk with you.
3. Encourage and listen to your children.
4. Get down on your child's level.
5. Use "you" messages for children's feelings.
6. Use "I" messages for your feelings.

Make three or four copies of the "My Big Brother Scares Me" activity sheets for "Use Communication to Prevent Alcohol and Other Drugs."

CELEBRATION AND ICEBREAKER

Decorate the room to create a festive mood. Place refreshments on the table. Do an icebreaker to help participants feel comfortable.

REVIEW AND INTRODUCTION

Start the session by reviewing the messages of love discussed in the previous session. Ask people to share their experiences with the "How I Feel Wheel."

Explain that people communicate during every waking minute. They send both verbal and nonverbal messages. Spoken messages are verbal; nonverbal messages are either written, printed, or expressed through body language.

Although all of us communicate, some of our messages are far more effective than others.

When we speak, we may be loud, loving, powerful, persuasive, demanding, kind, or gentle. Smiles, frowns, tears, our posture and way of walking, and our dress and gestures all send nonverbal messages.

Parents are expected to convey many messages to their children. Most parents have little trouble handling one-way messages—telling children what to do. In fact, this part is easy.

However, problems arise when children either don't hear, don't understand, don't like, or refuse to interpret our messages. In these situations, both children and parents may feel frustrated, angry, intimidated, and just plain hurt.

When children feel disconnected and shut out at home, they begin to look to their peers and others for understanding. Whether or not young people use alcohol and other drugs is affected by whether or not they feel they can communicate with their parents or other important adults. Youth often express feelings of rejection and anger when their parents fail to listen to them.

This session will focus on ways to help parents communicate more effectively with their children.

CENTERING AND FOCUSING

Time: 5 minutes

Materials: Journals, pens, pencils

Procedure: Review the last session. Ask participants about the entries they made in their journals during the week.

Ask participants to think about communication:

- What does this topic mean to them?
- How can they use this material to help themselves and their family?

Suggest that parents write at least one personal communication goal in their journals.

WHAT HAPPENED WHEN...?

Time: 5 minutes

Materials: Journals, pens, pencils

Procedure: Ask everyone to write in their journals about a time when they tried to talk to their children about the dangers of alcohol and other drugs. What words did they use? When did the conversation take place? What was the outcome? How did they feel? How did their children feel?

Ask parents to remember their example as they learn more about how everyone in their family can win with words.

COMMUNICATION: WINNING WITH WORDS

Time: 30 minutes

Materials: Flip chart, marker, Self-Test, pens, pencils, journals

Preparation: Display the principles of communication on the flipchart so participants can concentrate on them as you explain them.

Procedure: Explain that communication involves the exchange of words, feelings, and ideas. This exchange takes place between two or more people. When parents attempt to communicate with their children, it's important to understand how their message may affect their children.

The following concepts will help show how to use words with children so that everyone wins:

1. **Communicate love.** Children feel good when adults use warm or kind words: "I love you." "You are special." "Let me give you a big, ol' hug."

   Ask participants: Can you think of other special words or phrases that make children feel good?

   Children feel hurt or afraid when cold or angry words are used: "You make me sick." "You are so dumb." "Get out of my sight."

   Ask participants: Can you think of other cold messages?

   Children need to feel accepted by parents and other caring adults. When children feel accepted, their behavior usually reflects these feelings. These children are usually more trusting, cooperative, warm, and happy.

Communication becomes much easier when children feel accepted. They are often willing to reveal more about such feelings as fear, anger, confusion, and joy.

2. **Encourage your children to talk with you.** Allow your children to take the lead in a conversation. Encourage them to talk and expand on ideas and information. Listen to each word they express. It's all right to say: "Tell me more about that." "I see...." "Say that again so I'm sure I understand." "I really enjoyed your story."

   Ask: What are other ways to let children know you paid attention?

   Parents should talk **with** their children. It's pretty easy to give commands to them. It's not at all unusual to hear parents say: "Stand up!" "Put your shoes on!" "Don't tell me no!" "Didn't you hear what I said?"

   Children hardly get a chance to respond to these harsh words! Start a conversation with your children instead of waiting for them to come to you. Some openers might be: "You look like you had a busy day at school." "Please put your shoes on, and then we'll talk about your picture." "Tell me what you think about...."

   Ask: What are some other ways to start a conversation with your children?

3. **Encourage and listen to your children.** Pay close attention to what your children say. If you don't understand, ask them to tell you in a different way or to give more explanation. Try not to be distracted by the television, the stove, the telephone, or a gossipy neighbor. Your children need and deserve your undivided attention—or they will think you believe what they say is not important.

   If you are distracted, you may miss an important message. Your child could be attempting to tell you about a small plastic bag with white powder in it that's out on the sidewalk. If you don't listen, something tragic could happen.

   Children are faced with a variety of challenges each day. Sometimes they have difficulty sorting out right from wrong. The younger the child, the more difficult it is for them to distinguish one from the other. Children need the guidance and support of parents in order to feel loved, safe, right, secure, and protected. Here are some suggestions:

   - Let your children know you love them.
   - Talk **with** your children about the dangers of alcohol and other drugs.

- Practice helping your children tell you things.
- Encourage two-way conversations.
- Say kind words to your children.
- Be courteous to your children.
- Discuss current events in the neighborhood with your children. Let them know what areas to avoid.
- Set reasonable rules jointly with your children. Explain why your family has rules.

4. **Get down on your child's level.** Sometimes, our old bones crack and snap when we bend down. However, it's really important to be at your children's level when talking with them. Young children are short, so they have a difficult time looking up and listening. It is far easier to talk when you look each other in the eye. Here are some suggestions:

   - Sit on the floor.
   - Sit on a pillow.
   - Stoop down.
   - Sit the child on a table or counter top (if you can't bend down).
   - Sit in a low chair next to the child.

5. **Use "you" messages for children's feelings.** "You" messages repeat or describe children's feelings and often encourage them to further express what is troubling them. For example: "You feel sad because you wanted to play outdoors." "You are mad because you want to play with Jenny's doll."

   When children express their angry or sad feelings, they seem better able to cope with them. Hiding strong feelings can be self-destructive and can lead to self-hate, headaches, ulcers, or violent actions.

6. **Use "I" messages for your feelings.** Children don't always realize how their behavior affects others. If you use "I" messages to state how you feel about children's actions, children are much more likely to take responsibility and change their behavior.

Compare these examples. Which do you think is more likely to lead to more appropriate behavior?

"I" Message	"You" Message
I need help to pick this up.	You sure made a mess.
I'm just too tired to read a story.	Quit bothering me, you pest.
I can't hear with all that yelling.	Shut up!
I don't understand.	How am I supposed to figure out what that means?

Expressing anger can cause young children to feel very upset and insecure. Instead of using "I" messages to express anger, describe the emotion that came before your anger: "I feel really embarrassed about...."

Followup: Distribute the "Self-Test" to each person. Allow a few minutes for completion. Ask for volunteers who are willing to share their responses. Give examples of "you" messages, if needed.

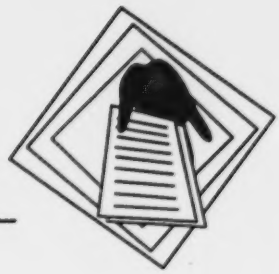
Ask parents to keep a record in their journal for 3 days of the things they say to one of their children when

- it's time to pick up toys,
- parents think their children have watched enough TV,
- they go together to the supermarket,
- children "bug" their parents when their parents are very busy, and
- children refuse to go to bed.

Suggest they include dates and times of these activities.

Handout #18—HLE

SELF-TEST



1. Translate these Don'ts into Do's. (Tell the child what TO DO.)

Don'ts	Do's
Don't run in the store.	_____
Don't talk with your mouth full.	_____
Don't throw the ball in the house.	_____
Don't touch that!	_____

2. Change these statements to "You" messages.

   Child: "You're mean. You let Terry stay up later than me."

   Parent: "I'm tired of listening to you argue with me."

   "You" message: _____

   Child: "I hate Paul."

   Parent: "No, you don't. It's bad to hate people."

   "You" message: _____

3. Estimate the number of times during the day that you say the following:

No.	Shut up.	Didn't you hear me?
Don't.	Cut that out.	You know better.

4. If possible, ask a friend or relative to tape-record 10 minutes of your conversation with a child—when you are not aware that your conversation is being taped. Listen to the tape and evaluate your tone of voice.

Adapted from Schenck, B.R. *Winning Ways To Talk With Young Children.* Blacksburg, Va.: Extension Division, Virginia Polytechnic Institute and State University, 1979. Reprinted with permission of the publisher.

USE COMMUNICATION TO PREVENT ALCOHOL AND OTHER DRUG PROBLEMS

Time: 15 minutes to prepare, 5 minutes for role-play, 15 minutes for discussion

Materials: My Big Brother Scares Me activity sheets

Procedure: Divide into small groups of three or four and give each group an activity sheet. Ask them to read the situation on the sheet carefully. Each group will then create a role-play to depict a possible solution.

After each role-play, ask actors to share their feelings and thoughts about their parts. Following a brief discussion, ask the audience to share observations and questions about the role-play. Encourage parents to express their feelings and concerns related to similar situations.

MY BIG BROTHER SCARES ME

Activity Sheet

Time: 20 minutes

Lisa is 4 years old and usually very talkative. She's a very friendly and somewhat mature child. However, Lisa's mom works very hard at the restaurant and comes home quite tired. Usually, Lisa is full of conversation and her mother tries to calm her down enough to get dinner ready. Sometimes, her Mom gets angry and sends her off to the living room.

Several times lately, Lisa has caught her big brother putting some powder in a straw and drawing it up his nose. He sometimes acts funny when this happens. He has caught Lisa spying on him twice and threatened to beat her up if she told.

Lisa is scared but wants to tell. Today, she will attempt to tell her mother. Her mother is very tired and Lisa begins to irritate her. Just as she begins to tell, her big brother enters the kitchen.

WHAT HAPPENS?

PARENT-CHILD COMMUNICATION

Time: 30 minutes

Materials: Copies of The Parent-Child Relationship...Learning to Communicate

Procedure: According to Joy Wilt in *A Kid's Guide to Understanding Parents,* parents need to communicate to their children that they are "people with feelings, needs, and desires." Parents, as people, make mistakes and must be willing to admit to their children when these mistakes occur. Wilt encourages children to do the following:

- Accept their parents as they are.
- Appreciate their parents.
- Encourage their parents and tell them when they do a good job.
- Put themselves in their parents' shoes when parents must be the "bad guys" responsible for enforcing discipline.
- Admit to their parents when they do something wrong.
- Help parents feel better when they make mistakes as parents.
- Help parents set up and enforce rules through family get-togethers or special sharing times.
- Communicate with other family members with kindness, honesty, and love.

Parents can apply these principles to children as well. Thus, key words or concepts that both parents and teachers can teach are

appreciation	honesty	love	mistakes
encouragement	help	kindness	

Handout #19—HLE

THE PARENT-CHILD RELATIONSHIP... LEARNING TO COMMUNICATE

Children are special people, and how we interact with them is a special skill that some parents have trouble learning or understanding. Perhaps these pointers will lead to ways of communicating effectively with your child.

Can you think of times and places to use the pointers set out below? Use this exercise to set up some situation in your mind, and think how you could use a group of these pointers in that situation. When that is done, find another situation to use other pointers in. After you complete this exercise, find out which one of the numbered pointers you used the most, and which the least. Does that tell you something about your personal style with your child?

1. Show yourself as a good person worthy of being looked up to.
2. Pay careful attention to what your children are trying to tell you. Let them know what they are saying is important and valuable to you.
3. Use a gentle voice and touch to show acceptance and love.
4. Don't intervene when a child makes an error that can be the source of important firsthand information about the world. Let children make mistakes that are harmless and instructive.
5. Avoid "talking down" to children, making them feel you have no regard for their capacity to understand or appreciate what you know.
6. Try to keep from saying things that will make children feel guilty about things they have little or no control over.
7. Appreciate both the limitations and the special gifts of each stage of development in the child.
8. Keep scorn or sharp words designed to humiliate the child from your speech, and keep any violent emotions in check. Size and physical strength are never excuses for physical abuse.
9. Use reason as your principal tool in dealing with older children. They will respond to it much better than just the silent application of discipline.

10. If a child continues to have problems in some task, it may be a sign of a cognitive or motor problem unrelated to the will of the child to succeed. Examine all alternatives. Are you expecting too much too soon?

11. Set time aside to be with your children on a one-to-one basis. Each child deserves some time to be with a parent exclusively, without having to compete with a sibling.

12. Study any special skills or interests your child may have. By encouraging individual efforts, the parent may give the child an early opportunity to excel.

13. Don't force your child into your own image. Each child comes into this world with special gifts that often do not correspond with the parents' agenda. Children have their own agendas.

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SUMMARY AND EVALUATION

Time: 10 minutes

Materials: Journals, pens, pencils

Procedure: Review goals of the session and discuss how these goals were accomplished.

Module 5
Stress

GOALS

- To explore the causes of stress in adults and children
- To examine stress-reduction techniques for children and adults

AGENDA

Celebration and Icebreaker

Review and Introduction

Centering and Focusing

Taking a Breather

Stressors All Around
  Stress Test
  Stress Related to Alcohol and Other Drug Abuse

Puppets Say It All
  Telltale Signs of Stress in Young Children
  Solutions for Stressors in Children
  50 Ways to Encourage Learning

Summary and Evaluation

CURRICULUM MATERIALS

- Journals
- Pens, pencils
- Quiet music tape
- Tape player
- Extension cord, if needed

- Stress Test
- Newsprint and markers
- Stress Related to Alcohol and Other Drug Abuse worksheets
- Puppet materials: patterns, yarn in various colors, colored paper, brown paper bags, scissors, glue or paste, crayons, glitter, fabric, buttons, finger paint, needles, thread, rulers, hole puncher
- Telltale Signs of Stress in Young Children handout
- Solutions for Stressors in Children handout
- 50 Ways to Encourage Learning

PREPARATION

Continue to display the newspaper and magazine articles and other resource materials so participants can review them.

Put a tape of quiet music in the tape player so it is ready to play when you begin "Taking a Breather."

Make a sufficient number of copies of the worksheet "Stress Related to Alcohol and Other Drug Abuse" and the handouts "Telltale Signs of Stress in Young Children," "Solutions for Stressors in Children," and "50 Ways to Encourage Learning."

On newsprint, list three types of rules that all of us have, to use with "Stressors All Around."

CELEBRATION AND ICEBREAKER

By now, participants may be interested in decorating the meeting room. They may offer ideas for refreshments. Use their suggestions whenever possible. Select an icebreaker that will help them settle into the session.

REVIEW AND INTRODUCTION

Begin by asking parents to share what happened when they used love messages with their children during the week. Then review their journal records of what they said to their children. How did they feel about the results? Did they say something different than they might have before they started this curriculum?

Introduce the new session by pointing out that life today seems to be filled with many kinds of conflicts, problems, fears, and confusion. Many of us carry heavy loads of responsibility at home and at work. We are not always prepared to deal

with situations that arise. Some of us face severe economic pressures, in part because suitable employment is not available.

Signs of stress are all around us. We see it in our families: About half of all married couples divorce, and about three-fourths of those remarry. Conflicts also arise with friends, coworkers, and others.

Each of these situations can cause stress in our lives. The direct and indirect consequences of stress affect our job performance as well as our physical and mental health. Some stress can motivate us to improve our personal or family conditions. Other types of stress wear us down.

Sometimes, stress gets out of hand and people begin to take desperate measures. People under stress are more likely to neglect or abuse their children or spouses. Sometimes, they turn to alcohol or other drugs for comfort, only to find that their problems are multiplied.

All of us must learn to cope with stress if we are to have healthy lives. We must find ways to adapt to life's pressures. This session will help parents recognize stress in adults and children. Information will be shared on how to help ourselves and our children overcome stress.

CENTERING AND FOCUSING

Time: 10 minutes

Materials: Journals, pens, pencils

Procedure: This activity teaches participants how to "center." Describe the importance of centering, as follows:

Staying in touch with your mind, body, emotions, and the space around you can contribute to your overall well-being. When there is disharmony in our lives, it is often reflected in negative behavior, conflict, stress, and sometimes physical illness. By learning to center on yourself, you can be more responsible for your life. Effectively managing your life could result in a more peaceful, joyful, meaningful family climate.

There are a number of reasons to practice centering each day. When you get up in the morning, spend a few moments centering. This activity can help you plan your day. Things can begin at a calmer pace. When children yell or refuse to move quickly, you can simply smile.

Whenever you begin to feel stress, find a quiet place (bedroom, bathroom, hallway) and take a break. Begin to center on yourself and the situation. Determine what you will do. Centering helps you plan.

Your child has not returned from the store yet and it's getting dark. Your fears mount as you watch the clock. Where is your 10-year-old? Rather than panic, calm down and begin to center on the situation. Centering will help you act in a responsible manner.

A number of sessions in this curriculum will involve "Centering and Focusing" activities. The purpose of these activities is to help you focus on the topic and relate information to your own family.

Whenever you are instructed to center and focus, do the following:

- Sit quietly.
- Close your eyes.
- Listen to the music.
- Think about the topic.
- Consider what the topic means to you and your family.
- Think about what you want to know about this topic.
- Plan how you will use this information.
- Write your responses in your journal.

Think about stress. What does this topic mean to you? How can you use this material to help yourself and your family? (Suggest that parents write at least one personal goal related to stress in their journals.)

TAKING A BREATHER

Time: 15 minutes

Materials: Quiet music tape, tape player, extension cord if needed

Procedure: The purpose of this activity is to teach parents some breathing techniques that will improve their health, reduce stress, and relax.

Explain to parents that, although breathing is something we do automatically, it is possible to improve the way we breathe. Full, deep, relaxed breathing brings more oxygen into our lungs and removes more waste products from our blood. This process makes our bodies work better and improves our mental health, too. Best of all, deep breathing is a method of relaxing that we can use anywhere.

Start the tape of soft background music. Allow the music to play for a minute. Then ask parents to close their eyes, to sit with their legs uncrossed, and feet flat on the floor.

In a quiet, soothing, relaxed tone of voice, first ask them to notice how they are breathing. They do not need to answer your questions aloud, just notice what you are calling to their attention. Is the air going in and out of their nose or mouth, or both? Does just the abdomen move, or just the chest, or both? Are they taking short or long breaths?

After parents have had a few quiet moments to observe their breathing, use a soothing voice to ask them to do the following:

1. Sit with your spine straight. Relax and let go of all tension in your body. Look for tense spots and relax them. Place one hand on your abdomen and one on your chest. Inhale slowly and deeply through your nose into your abdomen to push up your hand as much as feels comfortable. Your chest should move only a little and only with your abdomen.

2. Smile slightly. Inhale through your nose and exhale through your mouth, making a quiet, relaxing, whooshing sound as you blow gently out. Relax your mouth, tongue, and jaw. Take long, slow, deep breaths that raise and lower your abdomen. Pay attention to the sound and feeling of breathing as you become more and more relaxed.

3. Now try the relaxing sigh. A sigh releases a bit of tension. Sit up straight. Sigh deeply, letting out a sound of deep relief as the air rushes out of your lungs. (Demonstrate, making sure your sigh can be heard.) Don't think about inhaling—just let the air come in naturally. And be sure to let the **sound** of the sigh come out. (Repeat about 10 times, encouraging parents to relax and let go of their tension each time.)

At the end of this exercise, allow parents an extra minute of quiet relaxation. Then invite them to slowly open their eyes. Ask for comments or questions about the breathing techniques.

Encourage parents to practice these techniques at home for 5 to 10 minutes at a time, once or twice a day, and whenever they feel themselves getting tense.

STRESSORS ALL AROUND

Time: 45 minutes

Materials: Stress Test, Stress Related to Alcohol and Other Drug Abuse worksheets, pens, pencils

Procedure: The purpose of this activity is to help participants identify various types of stress for adults and children. Start by distributing the Stress Test. Explain that it was developed by studying the lives of hundreds of people. It measures how much stress a person has encountered in 1 year. It may predict the chances of getting a serious illness within the next 2 years.

Give participants about 10 minutes to complete the test. It is not necessary to interpret the results. Tell parents that scores at the top half of the scale—higher scores—indicate greater stress. High scores do not guarantee illness—they may indicate a need to find ways to deal with stress before it affects one's physical and emotional health. The higher the score, the greater the need for coping skills. Ask the group to share ways they cope with their stress. List the responses on newsprint. Allow 15 minutes for this.

Handout #20

STRESS TEST

Event	Value	Your Score
Death of spouse	100	
Divorce	73	
Marital separation	65	
Jail term	63	
Death of close family member	63	
Personal injury or illness	53	
Marriage	50	
Loss of work	47	
Marital reconciliation	45	
Retirement	45	
Change in family member's health	44	
Pregnancy	40	
Sexual difficulties	39	
Addition to family	39	
Business readjustment	39	
Change in financial status	38	
Death of close friend	37	
Change in line of work	36	
Change in number of marital arguments	35	
Mortgage or loan over $10,000	31	
Foreclosure of mortgage or loan	30	
Change in work responsibilities	29	
Son or daughter leaving home	29	
Trouble with in-laws	29	
Outstanding personal achievement	28	
Spouse begins or stops work	26	
Starting or finishing school	26	
Change in living conditions	25	
Revision of personal habits	24	
Trouble with boss	23	
Change in work hours, conditions	20	
Change in residence	20	

Event	Value	Your Score
Change in schools	20	_____
Change in recreational habits	19	_____
Change in church activities	19	_____
Change in social activities	18	_____
Mortgage or loan under $10,000	17	_____
Change in sleeping habits	16	_____
Change in number of family gatherings	15	_____
Change in eating habits	15	_____
Vacation	13	_____
Christmas season	12	_____
Minor violation of the law	11	_____
	TOTAL	_____

Reprinted with permission from Holmes, T.H., and Rahe, R.H. The social readjustment scale. *Journal of Psychosomatic Research* 11(3):213–218, 1967.

Next, ask the group members to find ways to deal with their stress by thinking about how we all live by some rules that affect our behavior. The discussion should proceed as follows:

All of us have three types of rules. List rules on newsprint that fall into these categories:

1. What we believe we **must not** or **cannot** do. Perhaps you believe you must never lie, cheat on your income taxes, get a divorce, or kill someone.

2. What we believe we **must** do. You must never be late for an appointment. Or you must always do a perfect job.

3. What we believe we **should** do. Children should obey their parents. We should always make the bed in the morning.

Sometimes ideas about how we live get in our way and cause us stress. Other ideas keep us from facing reality. Ask participants to close their eyes and think about their **should** rules that relate to these four areas of their lives:

1. Parenting.

2. Relationships with other family members.

3. Relationships with the opposite sex.

4. Job or school.

Suggest that they think about where these rules came from and whether they work. Are they beginning to see how their rules might affect their behavior or cause them stress?

Continue the discussion, as follows:

The rules that you set for yourself are fueled by behavior patterns that lead to even more stress. These patterns include the following:

- **Fear.** This powerful negative emotion can keep you from acting and can cause serious problems.

- **Anger.** People who hold it in are bound for trouble. Anger, jealousy, hatred, anxiety, and other strong emotions drain your energy. They don't hurt the person they're aimed at, but they sure do take their toll on you.

- **Impatience.** If others don't meet your standards, you make yourself take the heat.

- **Loneliness.** Single parents may be especially prone to this emotion. Love is a great healer. If you are isolated, sad, or depressed, think about how you might express love.
- **Chronic worry.** This trait shows you lack confidence in yourself.
- **Inability to relax.** Being on the go all the time leads to exhaustion.
- **Rigidity.** If you are a perfectionist, you are always frustrated because the world can't live up to your high expectations.
- **Depression.** Frequent unhappiness can lead to despair. To recover, you need the support of another person.

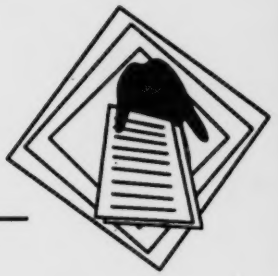
Resolve now to get a handle on stress. Start by thinking and talking in positive ways. Remember "The Little Engine That Could"? Believe you CAN. EXPECT THE BEST. THINK PLEASANT THOUGHTS. STOP WORRYING.

Ask participants to think quietly about ways to conquer the causes of stress in their lives. Here are a few suggestions:

1. Eat healthy foods.
2. Exercise.
3. Talk with someone you trust.
4. Accept what you cannot change.
5. Avoid quick fixes or escapes.
6. Rest.
7. Balance work and play.
8. Step back and take a break.
9. Avoid self-pity.
10. Reach out to others.

Finish this activity by distributing worksheets on "Stress Related to Alcohol and Other Drug Abuse." Ask participants to complete their sheets individually at home.

Handout #21



STRESS RELATED TO ALCOHOL AND OTHER DRUG ABUSE

Instructions: Describe—in writing or by drawing pictures—situations that you have seen or heard about. When you have completed these worksheets, find a partner and share your descriptions.

Jot down additional comments in your journal. Pay close attention to your own stressors and think of solutions for yourself.

Group	Indicators/Specific situations
Children	
Young children seldom ask for help. Parents and teachers are responsible for ensuring that children receive help. Adults who are aware of stress symptoms can monitor children's behavior for indicators of stress.	Have low self-esteem. Show little energy. Have short attention span. Are often sleepy. Are extremely hyperactive. Are ill frequently. Are often depressed. Are inactive. Often misbehave. Get angry easily. Fight frequently. Are easily frustrated. Use adult sexual terms. Say bad things about self. Refuse to do what they are told. Walk unsteadily. Make strange voices, grunts, growls, snorts, etc.
Parents	
Parents are confronted with stress every day. Life just seems to be more complex and burdensome. If you live in an area where alcohol and other drugs are abused, there is a reason to be concerned for the safety of your children.	Are unresponsive to children. Are ill frequently. Have low energy. Are irritable. Are often depressed. Seem confused. Are afraid. Have low self-esteem. Become abusive. Are suspicious of others. Become involved in alcohol and other drug abuse.

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Group	Indicators/Specific situations
Grandparents Grandparents are often expected to pick up the pieces when a family falls apart. If one or both parents become involved with alcohol or other drugs, it is not unusual for grandparents to seek custody of the children. Grandparents' added responsibility and concern for their grandchildren will bring on more stress.	Feel weary. Cry easily. Are constantly concerned about children and grandchildren. Are unable to sleep. Are unable to make quick decisions. Feel tired. Feel overwhelmed. Constantly express fear. Have poor eating habits. Experience economic distress.

PUPPETS SAY IT ALL

Time: 45 minutes (30 minutes to make puppets, 15 minutes for discussion)

Materials: Puppet patterns, yarn in various colors, colored paper, brown paper bags, scissors, glue or paste, crayons, glitter, fabric, buttons, finger paint, needles, thread, rulers, hole puncher

Preparation: Spread out puppet-making materials on a table so parents can easily select the items they wish to use to make their puppets.

Procedure: Explain to parents that they will make puppets and use them to help their children discuss feelings such as

- fears associated with alcohol and other drugs,
- fears associated with alcohol and other drug abuse by either parent, and
- confusion regarding drugs.

Point out that puppets can facilitate communication and reduce stress.

Ask parents if they have ever used puppets with their children and how they did so. Allow a few minutes for discussion before beginning to make puppets. Suggest that the puppets could be used at home during the week by parents or their children.

Divide participants into small groups of two to four people. Ask parents to select the materials they need to make one or more puppets. Encourage them to use a variety of materials.

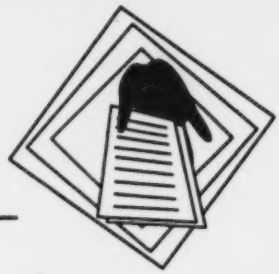
Followup: When the puppets are finished, ask each person in the small groups to display and discuss their puppets.

One person in each group should demonstrate how a child might use the puppet to talk about fears related to abuse of alcohol and other drugs. This person could pretend to be a child while the others act as parents encouraging the child to talk with the puppet.

Ask parents to take their puppets home and use them with their children as they talk about AOD abuse. Distribute the handouts on "Telltale Signs of Stress in Young Children," "Solutions for Stressors in Children," and "50 Ways to Encourage Learning."

Handout #22—HLE

TELLTALE SIGNS OF STRESS IN YOUNG CHILDREN



The following list presents a spectrum of behaviors that preschool children under stress may exhibit:

- Don't respond to friendly caregiver overtures.
- Daydream frequently.
- Have grave, solemn faces; rarely smile or laugh (check first for iron deficiency).
- Have frequent, prolonged temper tantrums.
- Cry a great deal for months after entry into group care.
- Act sullen, defiant.
- Punish themselves through slapping, head banging, or calling themselves bad names.
- Are overly sensitive to mild criticism.
- Flinch if teacher or visiting adult approaches with outstretched arm.
- Report proudly to teacher when they have hurt other children.
- Are overly vigilant about others' misdeeds, tattles, or jeers.
- Are highly demanding of adults although usually fairly self-sufficient.
- Are bullies or scapegoats and may get other children to join in.
- Carry out repetitive, stereotyped play that may have destructive aspects.
- Cling to caregiver, although in group for months.
- Are unable to carry out sustained play with preschool peers.
- Have constant need to sleep although physically well.
- Are preoccupied with frightening images of monsters or other violent, threatening figures.

- Have dull, vacant expressions.
- Are hyperactive or restless, wander around room, touch and disturb toys and games, cannot settle into constructive play.
- Display disturbed bodily functions; have trouble with feeding, constipation, or diarrhea; soil themselves frequently months after toilet training is completed.
- Have trembling hands or facial twitches although apparently well.
- Talk compulsively about physical dangers and threats.
- Grind teeth during naptime.
- Have rigid facial expressions from taut muscles.
- Display loss of perceptual acuity.
- Display reduced attention capacity; even though caregiver is very clear in communicating, these children cannot focus well on activity or request.
- Stimulate themselves constantly (by prolonged thumbsucking, masturbation, rocking body back and forth, or other such behaviors), which children normally do on occasion for self-comfort.
- Feel jittery.
- Stutter, use disfluent speech, or refuse to talk in group (older preschoolers).
- Are clumsy on easy manual tasks because of muscular tensions.
- Frequently act aggressively against others, even adults.
- Have nightmares.

Adapted from Honig, A.S. Research in review: Stress and coping in children (Part 2). *Young Children* 41(5):47–59, 1986. Reprinted with permission of the publisher.

Handout #23—HLE

SOLUTIONS FOR STRESSORS IN CHILDREN

- Talk with children about their feelings and concerns.
- Allow children to have their feelings.
- Let children know that you are afraid or nervous sometimes too.
- Help your children set goals based on their abilities.
- Don't overschedule your children.
- Be honest with your children about what is going on.
- Provide them with a bit of extra security before potentially stressful situations.
- When children display symptoms of stress, evaluate their outlets for expression.
- Examine your own coping skills.
- Teach your children relaxation exercises to use when they feel tense.
- Set aside a special time for you and your child.
- Show confidence in your children's ability to handle their problems.
- Teach your children problem-solving skills.
- Help children express their anger positively.
- Help children use their imagination to think positively.
- Praise children for their accomplishments and efforts.
- Help children learn from their mistakes.
- Teach children the importance of forgiveness (for themselves and others).
- Make sure children eat nutritious meals, get plenty of exercise, and have a good night's sleep.
- When in doubt, consult a professional.

Adapted from Honig, A.S. Research in review: Stress and coping in children (Part 2). *Young Children* 41(5):47–59, 1986. Reprinted with permission of the publisher.

Handout #24

50 WAYS TO ENCOURAGE LEARNING

Way to go!

That's really beautiful!

I think you have real talent.

This shows you really understand.

I want to show the class how well you've done.

Do you know how good this is?

You've made real progress.

See? Hard works really pays off.

This is one of the best I've seen!

I am happy that you're in my class.

This deserves a gold star.

I'm going to put this up on the bulletin board!

Perfect!

Very good!

Is this the very first time you did this? Congratulations!

I want everyone to see this great work!

These answers are what I am looking for!

That is a whole new way of thinking about it...good!

I want you to help others to do as well.

Can you tell me how you did it?

I like the way you did that.

Excellent!

Fantastic!

Awesome!

We need more students like you!

I'm proud of you!

Are you always this good?

Take this home... I want your Mom to see it!

Good work!

You are very quick!

What a clever idea!

You are a natural!

I LOVE this!

This makes me happy!

This is the best so far.

You are a quick learner.

Not bad, not bad at all!

Good!

Well done!

You make me proud!

That part is perfect.

Good try!

Much closer!

Best yet!

I am proud of your work here.

You have a talent for this.

That is a good solution.

You have good control.

Good show!

I am very pleased with this.

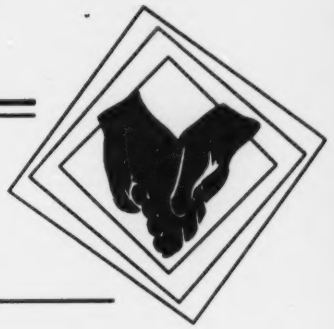
SUMMARY AND EVALUATION

Time: 10 minutes

Materials: Journals, pens, pencils

Procedure: Review goals of session and discuss how these goals were accomplished.

Module 6
Developing Support Groups



GOALS

- To explore the importance of support groups
- To identify types of support available in the community
- To explore effective methods for making decisions
- To discuss the development of support groups
- To develop a support profile

AGENDA

Celebration and Icebreaker

Review and Introduction

Centering and Focusing—Friendship
  Reaching Out to Others

Where Is My Support?
  SOS for Relationships

Growing a Support Group
  My Empathy

What Can I Do?
  Talents/Skills Inventory
  Sweep Away Self-Defeating Thoughts

What Do I Do Now?
  Before You Make the Wrong Decision...

Where, Oh Where Are the Supports?
  A Vignette for a Battered Women's Group script

Summary and Evaluation

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- Flip chart
- Markers
- Reaching Out to Others worksheet
- Pens, pencils
- Newsprint
- SOS for Relationships worksheet
- My Empathy worksheet
- Talents/Skills Inventory
- Journals
- Sweep Away Self-Defeating Thoughts worksheet
- Before You Make the Wrong Decision...
- A Vignette for a Battered Women's Group script
- Crayons
- Yarn
- Construction paper

PREPARATION

Read through the materials and complete the activities. Display the newspaper and magazine articles and other resources. Copy the handouts.

Prepare the role-play scripts for the three volunteers.

Write the following discussion questions for the summary on the flip chart:

1. What will I do within the next month to build my family's support system?
2. To whose family will I offer my support? How will I do this?

CELEBRATION AND ICEBREAKER

Continue to provide healthy refreshments. Use an icebreaker related to the session's topic, if possible.

REVIEW AND INTRODUCTION

Start by asking volunteers to share how they have begun conquering their stress with the techniques they learned in the previous sessions. Were they able to use any of the "50 Ways to Encourage Learning"?

Continue the discussion in the following manner:

Like a bridge over troubled waters, our friends and families seem to be there when we need them most. We get by with a little help from our friends. We share our happy times and our difficult times with the people we know best. No one quite understands us like they do.

In order to make friends, you must first know how to be a friend. The friendship circle fulfills many needs. Knowing that someone is there with a helping hand makes us feel more secure. Knowing that someone will understand our fears and overlook our faults gives us a sense of being accepted. When there seems to be no light at the end of the tunnel, a friend will soon appear holding a candle.

Friends sometimes provide a mirror image of ourselves. Often, we choose friends because they seem to have the strength or talent that we would like to have. They seem to fill our missing spaces.

Another source of support is our family: mother, father, sisters, brothers, aunts, uncles, cousins—the whole clan. These relatives are known as our kinship system. Our extended family trees hold a wealth of traditional love and support.

Often, our family is the first line of defense in a crisis. Kinfolk seem to be there when no one else is. In the middle of the night, your child suddenly becomes ill. Who can come to help with the other children while you go to the hospital? You call Aunt Bessie. She lives around the corner and always comes to your rescue.

How can you show Aunt Bessie that you appreciate her? Perhaps you can make a cake, send a card, take her out to lunch, or plan a family celebration in her honor. Any special recognition for Aunt Bessie will let her know that she is cared for.

For many families, the church provides support. The church family often serves as a substitute for relatives. Perhaps your family lives hundreds of miles away. By becoming connected to a church, both your spiritual and social needs can be met. Most churches are multigenerational and can be a source of support for old and young. Socially, the church functions as an extended family, giving many

opportunities for get-togethers. Some families make the church the focal point for all their outreach activities. The church family is their major support group.

The pastor serves as the leader, and for many is a parent figure as well. The clergy can guide, direct, and offer caring support in a time of need. Many churches provide emergency services that include food banks, clothing exchanges, emergency payment of rent and utilities, and help with other major crises.

Another kind of community support for children and families is the school. In some communities, the school functions as a hub of social activities. Adults and children use school facilities for more than daytime educational activities. Social and recreational events bring the community together. Friendships are made and nurtured as people participate in a variety of events. Teachers become part of the extended family and often provide counseling, direction, and guidance. The school is much more than an educational hub to families who view it as a social support.

This session will focus on three support systems:

1. Self.
2. Others—family and friends.
3. Support groups.

CENTERING AND FOCUSING—FRIENDSHIP

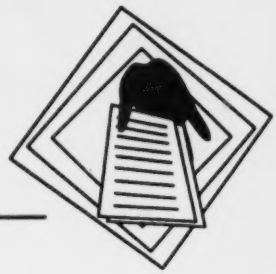
Time: 15 minutes

Materials: Reaching Out to Others worksheet, pens, pencils, newsprint, markers

Procedure: Distribute the "Reaching Out to Others" worksheets. Ask parents to complete both sheets and then find a partner with whom to share. Discuss the similarities in support from both friends and family. Ask parents to brainstorm answers to this question: How can support from family and friends help prevent alcohol and other drug abuse? Record the responses on newsprint.

Handout #25

REACHING OUT TO OTHERS



Friends

1. List five things that characterize a true friend.

2. List five things that make friendships thrive.

3. List five people you know who seem to need a friend.

4. Pick one person with whom you would like to be more friendly. Why did you choose this person?

5. Mentally picture yourself doing those things that will develop and deepen a friendship with this person.

6. Follow through on what you pictured in item 5.

Kinfolk

1. List three ways that kin/family can help you.

2. List three things that you can do for your kin/family.

3. What happened the last time your family helped you?

4. What did you do the last time you helped your family?

5. List ways you show appreciation to your family.

WHERE IS MY SUPPORT?

Time: 10 minutes

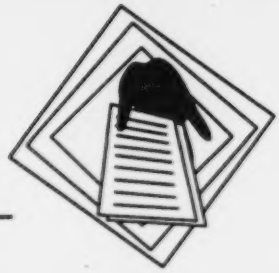
Materials: SOS for Relationships worksheet, pens, pencils

Procedure: Distribute the "SOS for Relationships" worksheet. Give participants 10 minutes to complete it. Then divide into smaller groups to discuss responses.

Followup: Bring the entire group together to discuss how individuals see their roles as friends to others. Ask them what can they do to be better friends.

Handout #26—HLE

SOS FOR RELATIONSHIPS



Sometimes, problems arise that cause relationships with our families and friends to wither.

1. List factors that block the development of relationships.

2. Think about a relationship you now have that seems to be going wrong. List signs that tell you the relationship is in trouble.

3. Check any of the following distress signals that you observe in this relationship:

   ____ Blowing up.

   ____ Withdrawing.

   ____ Trouble communicating.

   ____ Blaming the other for things that go wrong.

   ____ Becoming critical, sarcastic.

   ___ Resorting to buying the friendship.

   ____ Using power to retain the relationship.

   ____ Getting into "I win—you lose" games.

4. Brainstorm three to five things you can do to rebuild this relationship.

Adapted from Quick, S., and Hicks, K. *Being All You Can Be*. Lexington: University of Kentucky, College of Agriculture, Cooperative Extension Service, 1986. Reprinted with permission of the publisher.

GROWING A SUPPORT GROUP

Time: 15 minutes

Materials: My Empathy worksheet, pens, pencils

Procedure: Distribute the worksheet. After participants fill it out, they can find partners. One partner plays the role of the person who was named in question 2 and explains that person's situation. The other partner demonstrates empathy as the viewpoint of the person being portrayed becomes clear.

Partners then reverse roles and repeat the process.

Followup: Bring the group together to discuss how its members demonstrated empathy with their partners. Ask how these techniques will help them with their friends.

Handout #27

MY EMPATHY

Empathy is the ability to feel how things are for another person. To increase your empathy for others, answer the following questions:

1. Can you list examples of behaviors in yourself and in your friends that show the ability to understand another person's viewpoint?

2. Can you think of someone with whom you've recently had trouble being a friend? Write the name here.

3. Imagine being in that person's shoes, living with that person's family and struggles. What is it like? What are your reactions to the people and situations in the person's life?

4. Now reflect on what you have learned. Can you see the other person's viewpoint a little better? How might you communicate your empathy with this person?

Adapted from Quick, S., and Hicks, K. *Being All You Can Be*. Lexington: University of Kentucky, College of Agriculture, Cooperative Extension Service, 1986. Reprinted with permission of the publisher.

WHAT CAN I DO?

Time: 50 minutes (30 minutes for Talents/Skills Inventory, 10 minutes for Sweep Away Self-Defeating Thoughts, and 10 minutes for general discussion)

Materials: Talents/Skills Inventory, pens, pencils, journals, Sweep Away Self-Defeating Thoughts worksheet

Procedure: This activity has two parts.

Part 1. Ask participants to complete the "Talents/Skills Inventory" and to share their results with a partner. After sharing, ask participants to write their thoughts about this activity in their journals. A general discussion should follow.

Part 2. Ask participants to complete the "Sweep Away Self-Defeating Thoughts" worksheet. There is no need to share this information.

Followup: When both parts have been completed, lead a general discussion on the process. Find out how people felt. Also, ask these questions: How can they use this information to help stop alcohol and other drug abuse in the community? How do their feelings, attitudes, and behavior affect their children? What, if anything, will they do differently from now on?

Handout #28—HLE

TALENTS/SKILLS INVENTORY

Directions: Are you or anyone else in your household known for any of these skills? Are the skills used to benefit others? Are they used to make money?

Talent	Person with skill	Benefit others?	Use for income?
1. Cooking/baking			
2. Gardening/yard work			
3. Sewing/tailoring/knitting/crocheting			
4. Tutoring/reading			
5. Painting			
6. Carpentry			
7. Canning/preserving food			
8. Caring for children			
9. Singing			

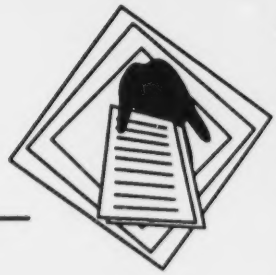
Talent	Person with skill	Benefit others?	Use for income?
10. Playing musical instrument			
11. Public speaking			
12. Fixing hair			
13. Household/handiwork			
14. Auto repair			
15. Plumbing			
16. Completing forms/applications/ tax returns			
17. Nursing/tending the sick			
18. Writing (poems, letters, speeches, church programs, obituaries)			
19. Counseling/giving advice, listening to others			

Talent	Person with skill	Benefit others?	Use for income?
20. Repairing appliances (TV, radio, toaster)			
21. Electrical wiring or repair			
22. Dancing			
23. Acting			
24. Typing/word processing			
25. Other			

Adapted from Oyemade, U.J.; Washington, V.W.; and Beatty, L. *Working for the Dream.* Unpublished manuscript. 1987.

Handout #29

SWEEP AWAY SELF-DEFEATING THOUGHTS



We often stand in our own way. Our thoughts and attitudes sometimes keep us from accomplishing our goals and realizing our potential. This activity will help you explore how your thoughts keep you from success.

What are self-defeating thoughts? Here are some common ones:

- I'm too dumb to do anything like that.
- Nobody would want to spend time with me, anyway.
- I'm ugly and fat.
- Nobody likes me.
- I'm a rotten parent.
- Everything I try fails.
- I'm too old to start anything new.
- I couldn't do that by myself.
- I'm hopeless with money.

Self-defeating thoughts are just that. They defeat you and keep you from living up to your potential. What are some of your self-defeating thoughts? Write them in your journal. Find a partner and discuss your list.

One way to begin ridding yourself of negative, self-defeating thoughts is to resolve to do a task you hate every time you have a self-defeating thought—perhaps cleaning the garbage cans or scrubbing the bathroom. Whenever you find yourself thinking or saying something self-defeating, do one of these tasks.

As you do the task, try to think positive thoughts: "I am capable," "I have a nice personality," or whatever positive statement corresponds to the negative thought that brought on the hateful task in the first place.

Of course, if you find yourself thinking positive thoughts, give yourself a reward. Here are examples of positive thoughts:

- I really did a good job on that project.

- I can put myself in a better mood if I try.
- That's an area I'd do well in.

Adapted from Bower, S.A., and Bower, G.H. *Asserting Yourself: A Practical Guide for Positive Change*. Reading, Mass.: Addison-Wesley, 1976. pp. 38–40. Reprinted by permission of Addison-Wesley Publishing Company.

In your journal, answer this question: How does your behavior affect your children? Make a commitment with yourself to change negatives to positives.

WHAT DO I DO NOW?

Time: 20 minutes

Materials: Before You Make the Wrong Decision... worksheet, pens,

Preparation: We make decisions every day. Decisions are a common part of life. Some of our decisions are good ones, and some are not so good. How we make decisions affects our daily lives.

Sometimes, it helps to look at how decisions are made, what the risks are, what the alternatives are, and how problems can be solved.

Procedure: Ask participants to think of one decision they will have to make very soon. Provide the worksheet "Before You Make the Wrong Decision" to help them think through what they should do.

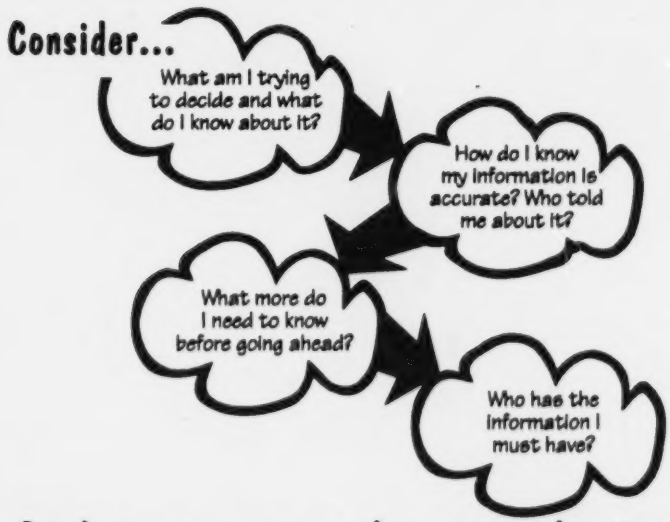
Followup: Ask participants to find partners and share their decisions and the factors they are considering. Have them discuss these questions:

- How can this process help them make choices about alcohol and other drugs?
- How will this method help them strengthen their family?
- How can this process enhance bonding with their family members?

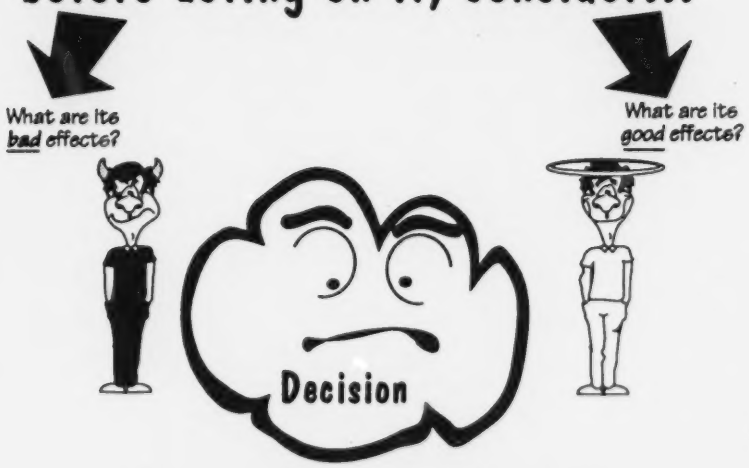
Handout #30

BEFORE YOU MAKE THE WRONG DECISION...

Before You Make the Wrong Decision...


Consider...
What am I trying to decide and what do I know about it?
How do I know my information is accurate? Who told me about it?
What more do I need to know before going ahead?
Who has the information I must have?

And once you make your decision, before acting on it, consider...



Then Reconsider!!!

WHERE, OH WHERE ARE THE SUPPORTS?

Time: 30 minutes

Materials: Three copies of A Vignette for a Battered Women's Group role-play script, journals, pens, pencils

Procedure: Today, more than at any other time, people are reaching out to each other for help. There are widow groups, rape crisis groups, groups for mourning the loss of a child, single-parent groups, battered women groups, and many more. Sometimes, these groups form networks that span across cities, States, and even the whole country.

A group of mothers in Washington, D.C., started a support group that focused on prevention of alcohol and other drug problems. This group, PIETA, eventually received funding to conduct national awareness training for AOD abuse. Peer groups are based on the principle of self-help—the support of others at these hard times helps us to once again feel stronger and happier. We begin to believe in ourselves and trust our judgment again.

Some of the benefits of peer support groups are

- information sharing,
- receiving and giving advice,
- improved decisionmaking,
- increased self-esteem for members,
- being accepted, and
- dealing with nonjudgmental attitudes.

Ask for three volunteers to participate in a role-play to explore how support groups function and build relationships among members. Provide all volunteers with a script that indicates which roles they are to play (circle the name at the top of the page). Ask them to read their roles exactly as they are written.

While the role-players read through the script, prepare the remainder of the group. Ask them to pay close attention to the roles portrayed and to notice how people begin to connect around their common experiences.

After the role-play, ask the three volunteers to share their feelings about their experience. Then ask the group to share their reactions.

Followup: Ask participants to spend a few minutes discussing these questions as a group:

1. What kinds of support groups exist in their community?
2. Are more supports needed?
3. Who do they know who has been helped by a support group?
4. Have they ever been a peer counselor to anyone, maybe without even knowing it?
5. Would they be willing to participate in an awareness support group for alcohol and other drug abuse?

Ask participants to write in their journals what they have learned from this experience.

Script

A VIGNETTE FROM A BATTERED WOMEN'S GROUP

This support group was started several years ago and has had several excellent leaders, all of whom came originally as victims to share their problems.

Jane (the facilitator of the group): "First of all, I would like to explain to you new members that you are not alone, and that many women suffer silently, and don't have the courage that you have shown today in just showing up here. It's a very important step, and we are glad to have you here.

I would like to start things off by guessing that this is not where you told your husbands or boyfriends you are now...am I right?" (Pointing to Lisa, a first-timer.)

Lisa: "Yes, I am supposed to be at the cleaners and the grocery store. He would kill me if he knew I was here."

Jane: "And you, where are you supposed to be, Cherie?"

Cherie: "At my sister's house across town."

Jane: "There is a myth that some of you have heard that women who are hit by their husbands or boyfriends stay because they are used to bad treatment and actually expect and need it. We know that isn't true. What are some of the reasons we stay with abusive men?"

Cherie: "I know why I stay...I am afraid he would follow me and really hurt me bad. My sister would not be able to keep him from breaking in and beating me bad. It's happened when I left before ..."

Lisa: "Where would I go? I have no family in this area."

Jane: "What other reasons do you have for staying?"

Cherie: "Money, there's no money...I only have change in my pocket. I can't get away with just fifty cents in my pocket."

Lisa: "She's right. My boyfriend makes sure I have just enough to get by on, and nothing extra. He looks at all the store receipts."

Jane: "I notice you are wearing dark glasses...is that a black eye?" (Talking to Lisa.)

Lisa: "Yes, and it just happened yesterday...but it's happened a lot of other times. I finally had to do something...that's why I'm here."

Cherie: "And my Joey, and Mae, he sometimes hits them when he's drunk. He can be so nice, and then he goes crazy after a few drinks."

Jane: "Let me tell you what happens...doesn't he cry and promise not to hit them again? Doesn't he promise to be good from then on? And then doesn't he get mean and crazy again?"

Cherie (in a small voice): "Yes."

Jane: "You hoped for the longest time he would change, but now you have given up and are here. Isn't that right?"

Cherie: "Yes, that's right."

Jane: "And you, Lisa, what do you think about Cherie's experience? Does it sound like something you've been through too?"

Lisa: "I guess it's pretty much the same with me...and he was so nice at first.... Now he has this dark side, and I can see it coming, and there's nowhere to hide. I tried to lock myself in the bathroom the last time, and he tore the door right off its hinges!"

Jane: "I expect you have noticed something else, too. You may have noticed it is getting worse each time. I don't mean to frighten you, but some women suffer permanent injuries or death from abuse. Your coming here could be a very important step on the road out of this abusive relationship."

"Are you ready to talk about it some more?"

(THE SESSION CONTINUES...)

SUMMARY AND EVALUATION

Time: 20 minutes

Materials: Flip chart, journals, pens, pencils, crayons, markers, yarn, construction paper

Procedure: Ask participants to write responses to these questions in their journals:

1. What will they do within the next month to build their family's support system?

2. To whose family will they offer support? How will they do this?

Following this activity, give parents at least 10 minutes to make a special invitation for their family to the closing celebration. Encourage parents to use their creativity to make the invitations special. All family members or special friends could be invited to share in this special celebration.

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Module 7
All Around the Community

GOALS

- To examine the community as a resource
- To discuss the impact of alcohol and other drug abuse on the community
- To plan a scavenger hunt in the community

AGENDA

Celebration and Icebreaker

Introduction

Centering and Focusing
No One Takes Drugs Alone

What's in Your Community?

Alcohol and Other Drugs and the Changing Community

Scavenger Hunt

Scrambled Eggs

Summary and Evaluation

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- No One Takes Drugs Alone handout
- Journals
- Pens, pencils

- Maps of community, large sheets of newsprint, stars, sticky notes, markers, crayons, yarn
- Six 3 by 5 index cards
- Scavenger Hunt handout
- Several telephone directories
- Extra paper
- Prizes for Scrambled Eggs activity

PREPARATION

Assemble all materials needed for this session. Display newspaper and magazine articles and other resource materials.

Make enough copies of the handouts for each person in the group. Write cards for these roles in the "Alcohol and Other Drugs and the Changing Community" activity:

1. Senior citizen (afraid).
2. Police officer (determined).
3. Teenager (doesn't care).
4. Minister (concerned).
5. Teacher (anxious).
6. Drug dealer (cocky).

At the beginning of the session, ask for volunteers to play these roles.

CELEBRATION AND ICEBREAKER

Continue to plan a festive celebration for the beginning of each session. Provide healthy refreshments. Decorate the room with children's artwork or projects from previous sessions. Use the icebreaker to help people settle into the activities for this module.

INTRODUCTION

Explain that across the country, the number one concern facing families today is alcohol and other drug abuse. Families suffer a variety of hardships and tragedies from AOD abuse. Violence abounds when alcohol and other drugs are around.

Traditionally, the community has been a source of support for families. It provided a framework of resources for daily living that included retail stores, grocery stores, laundromats, schools, and doctor's offices. Many of these same resources still exist, but a new, more powerful force has arrived.

Perhaps this force was always there, hiding in dingy alleys and dilapidated houses and parked cars. Some say that its arrival is the inevitable result of unemployment, poor housing conditions, and the lack of hope. Others contend that its arrival is a direct attempt by some people to attack those who are already helpless.

Whatever the reason, the abuse of alcohol and the arrival of large quantities of illicit drugs have changed the face of many American communities. Families are confronted with the realities of alcohol and other drug abuse every day. Children are afraid to go to the playground or to the corner store.

Parents are afraid for themselves and their children. They feel they have lost control of their children's lives. Alcohol and other drugs are everywhere.

The fabric of the community has been shredded as families fall apart. Living with constant fear, parents and children sometimes become irritable and paranoid. They feel hopeless and tend not to trust anyone. Depression and high stress levels are also evident.

Children who live in areas infested with alcohol and other drugs are not allowed to play outdoors without an adult. They are afraid and have little hope for the future. Playgrounds are deserted except for broken glass, old hypodermic needles, paper, and debris.

Some communities across the country have responded to the blight that has fallen on their neighborhoods. They are looking for ways to make their families safe and comfortable and to improve living conditions. Without support and positive reinforcement, unsafe and fearful conditions sometimes encourage people to turn to alcohol or other drugs for relief. Only too late they discover that these escapes are trips to nowhere.

CENTERING AND FOCUSING

Time: 15 minutes

Materials: No One Takes Drugs Alone handout, journals, pens, pencils

Procedure: Distribute copies of the handout "No One Takes Drugs Alone." Ask each parent to think about the statements on the handout, which were made by people whose lives have been touched by alcohol and other drugs. Participants should then find a partner with whom to share their reactions. They should write their reactions in their journals.

Handout #31

NO ONE TAKES DRUGS ALONE

Abuse of alcohol and other drugs affects more than the abuser. Family, friends, coworkers, and the entire community feel the effects.

Instructions: Read these statements from people who have felt the sting of drugs in a personal way.

- "They haven't made an arrest yet. A detective came to my house about a month ago and told me that they were working on the case. I also think my daughter is using drugs."
- "One of my coworkers was arrested at work for selling drugs. She was also a drug abuser. I am very much concerned about drugs in the workplace."
- "He was a very close friend of mine. We graduated high school together. He was a known drug dealer. He was shot by a group of people who call themselves stick-up boys. They rob drug dealers. My friend had no drugs on him at the time. He was in the wrong place at the wrong time. The robbers shot him in the back and in the head."
- "A friend who was raised with me became homeless after repeatedly being involved in drugs. A close friend who was raised with me was shot. The situation involved drugs. A best friend who was raised with me involved himself with drugs. He received treatment."
- "A close friend has stolen money from me to get drugs."
- "I was with a friend of mine who was shot and killed over drugs inside a club."
- "A friend's 11-year-old son was caught selling drugs and arrested. Because of his age, he was released from jail and placed on probation."
- "I have some friends who lost their daughter. Also, my niece is involved with drugs. I don't know what to do about it."
- "My buddy was shot in the head and killed."
- "A neighbor's children in their mid-twenties, in 7 months, have attended four funerals of their friends."
- "A friend of mine is really messing up his life dealing with drugs. I tried to talk him to his senses, but it's like talking to a wall."

- "My son is on drugs....I am having a problem like you would not believe."

Reflect on these statements. Find a partner and share your reactions. Write your reactions in your journal.

From Price, D.M. 555-LIVES. Victims of Violence. For Some Landover Residents, Death Is on Their Doorstep. *The Washington Post.* Jan. 2, 1989. p. A-15. ©1989. *The Washington Post.* Reprinted with permission.

WHAT'S IN YOUR COMMUNITY?

In this activity, participants will explore their community. The purpose of the exercise is to create an awareness of what resources exist within the community. Also, this activity will help them equip their children with information to keep them safe.

Time: Approximately 30 minutes

Materials: Maps of community, large sheets of newsprint, star stickers, sticky notes, markers, crayons, yarn, journals, pens, pencils

Preparation: Place materials on a table where participants can select the items they need.

Procedure: Ask participants to draw a picture of their community. Suggest they identify all the special features of the community, including

- where they live,
- places where their family has fun,
- places that are only for children,
- places that are dangerous for children and adults,
- where their friends and relatives live, and
- points of interest (parks, libraries, stores).

Provide star stickers or circles to identify special areas. Suggest they draw a sad face to denote places that are dangerous.

Followup: When the maps are completed, ask the group to answer this question in their journals: If they could make three changes in their community, what would those changes be?

ALCOHOL AND OTHER DRUGS AND THE CHANGING COMMUNITY

Alcohol and other drugs have changed the face of the community. Participants will hear and discuss how alcohol and other drugs have changed behaviors, expectations, and lifestyles of community residents.

Time: 40 minutes

Materials: Six index cards, each listing a role and attitude

Preparation: At the beginning of the session, ask for volunteers to play these roles:

1. Senior citizen (afraid).
2. Police officer (determined).
3. Teenager (doesn't care).
4. Minister (concerned).
5. Teacher (anxious).
6. Drug dealer (cocky).

Give volunteers the card that names their roles and their attitudes toward the problem of alcohol and other drugs in the community. If volunteers don't come forward, demonstrate what is expected. This demonstration will help participants relax. This activity can be adapted for smaller groups. Choose two or three roles if the group is quite small.

Procedure: Have participants form a large circle. One at a time, the role-playing volunteers step into the center of the circle. Allow five participants to ask the role-player one question each about the effects of alcohol and other drugs. The role-players will answer from the perspective of their roles.

Followup: Review the process at the end. First, ask the role-players how they felt. Then ask other group members to discuss their reactions. Share ideas about how some of these concerns can be changed.

SCAVENGER HUNT

Knowing where to go for help is extremely important. Whenever a need arises, just knowing where to turn can be comforting. In this exercise, participants will familiarize themselves with more community resources.

Time: 30 minutes

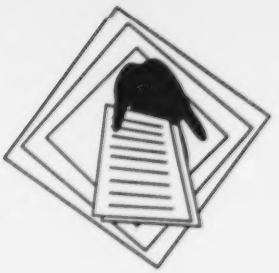
Materials: Scavenger Hunt handout, several telephone directories, pens, pencils, extra paper

Procedure: Distribute the handout and ask participants to complete the activity in teams. Have each team use a telephone directory to complete sections 1, 2, and 3. Sections 4, 5, 6, and 7 should be completed during the next week and discussed at the next session. Parents should write responses to sections 5, 6, and 7 in their journals.

Discuss sections 1, 2, and 3 with parents after the task is completed.

Handout #32—HLE

SCAVENGER HUNT



Even though we may not have problems ourselves, sometimes knowing where to get information or help might be valuable for a family member or friend. It's important to know how to find information and how to decide whether the resource is useful.

Directions:

1. Use your phone book. Do a scavenger hunt to identify helpful resources for the following situations and write the telephone number(s) here.

   Someone is stung by a bee. _____

   Someone overdoses on drugs. _____

   Someone is breaking into your house. _____

   You have a question about a person who has a problem with alcohol or other drugs. _____

   You need a lawyer. _____

   Your friend wants to talk to someone about a problem. _____

   A child ate some poison._____

2. Pick a resource such as Alcoholics Anonymous or your hospital's drug treatment center. Call and ask questions about their services—"How much will it cost?" "Where are you located?" "What hours are you open?" "How can I make an appointment?"

   Report what you learned to your family.

3. Make a list of resources, including your doctor, hospital, police, community alcohol treatment center, or others. Post the list near your phone.

4. Plan a family visit to an Alcoholics Anonymous or Narcotics Anonymous meeting or some other counseling program. Call and ask to interview a member or staff person. Ask questions to learn more. Think about questions 5 through 7 after your interview.

5. What did you learn that you wouldn't know from reading the name in the phone book or calling on the phone?

6. Would you go to this place for help?

7. Would you take someone else there? Why?

Permission to adapt this activity from the *Family Activity Book: Preventing Drug Abuse Through Family Interaction* ©1982, 1984 Roberts & Associates was granted from Comprehensive Health Education Foundation (*CHEF*®), Seattle, Washington. All rights reserved.

SCRAMBLED EGGS

Time: 10 minutes

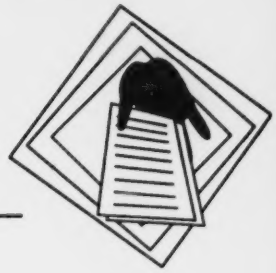
Materials: Scrambled Eggs Word List, pencils, prizes

Procedure: In this activity, participants unscramble words related to alcohol and other drugs, parenting, and Head Start. Give participants the word list and instruct them to unscramble each word. The first to finish should stand up and shout "Scrambled Eggs!" The facilitator should review the list to determine the number of correct responses. Give the winner a small prize. Be prepared in case there is a tie. Bring more than one prize.

Solutions to Scrambled Eggs Word List:

1. booze
2. cigarettes
3. crack
4. parents
5. pipe
6. drug
7. cocaine
8. children
9. grass
10. community
11. needle
12. Head Start

Handout #33



SCRAMBLED EGGS WORD LIST

1. oozbe _____
2. garettcies _____
3. carkc _____
4. ntpaesr _____
5. ippe _____
6. gudr _____
7. eiccona _____
8. hilrencd _____
9. rasgs _____
10. omumcinyt _____
11. eedeln _____
12. deah artst _____

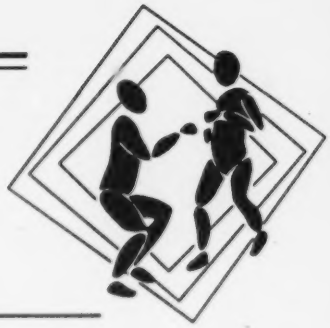
SUMMARY AND EVALUATION

Time: 10 minutes

Materials: Journals, pens, pencils

Procedure: Review goals of session and discuss how these goals were accomplished.

Module 8
Health Issues Related to Alcohol and Other Drug Abuse



GOALS

- To understand the stages of dependence on alcohol and other drugs
- To identify health concerns related to AOD abuse
- To examine the effects of AOD abuse on the family's health
- To complete the family health grid

AGENDA

Celebration and Icebreaker

Review and Introduction

Alcohol and Other Drug Dependence Circle

Here's to Your Health
Health Problems Associated With Alcohol and Other Drug Abuse

My Healthy Family Portrait
Exercise for Body/Mind/Spirit and The Great Escapes

Good Health Begins at Home
Factors That Contribute to Good Health

Whole Person Wheel

Summary and Evaluation

CURRICULUM MATERIALS

- Refreshments
- Icebreaker

- Flip chart
- Markers
- Empty beer/alcohol bottle
- Cigarette papers
- Pamphlets—various materials related to AOD abuse prevention
- Health Problems Associated With AOD Abuse handout
- Pens, pencils
- Journals
- Newsprint
- Construction paper
- Tape or glue
- Crayons
- Masking tape
- Exercise for Body/Mind/Spirit and The Great Escapes handout
- Factors That Contribute to Good Health handout
- Whole Person Wheel handout

PREPARATION

Read through the materials for this session and complete the activities for yourself.

Display newspaper and magazine articles and other resources.

Make enough copies of the handouts.

Write the following instructions for the activity on a flip chart:

Draw a picture of your family. Show

- the number of adults,
- the number of children, and
- activities you do for fun.

Then list

- preventive health practices you follow, and
- health practices you hope to improve upon.

CELEBRATION AND ICEBREAKER

This session focuses on health, so select refreshments and an icebreaker that reinforce the value of taking good care of ourselves.

REVIEW AND INTRODUCTION

Discuss what participants found in the scavenger hunt during the week. Share information about resources available in the community.

This module will focus on how alcohol and other drugs affect the health of every person in the abuser's family. People who abuse alcohol and other drugs tend to have many health-related problems. Children often suffer because their parents are not able to care for them properly.

Parents have many responsibilities. When their health suffers because of AOD abuse, their priorities change rapidly. Suddenly, nothing seems as important as getting more alcohol or other drugs or more money to buy them. The entire fabric of the family is weakened because of AOD abuse.

Health means more than physical prowess. We are made up of many components, and many factors contribute to keeping us healthy: nutrition, exercise, spiritual purpose, sleep, emotions, stress levels, and physical activities all play a role in our overall health. Together, they dictate how well we feel. When one component is missing, we tend to be out of sync. The longer our lives stay unbalanced, the greater the likelihood that physical problems will occur.

Parents and children who experience poor health might feel unloved, out of control, depressed, or forsaken. For example, incarcerated mothers describe their lives before prison with feelings of inadequacy, low self-esteem, fatigue, and hopelessness. They had turned to alcohol and other drugs as well as other illegal activities sometimes for survival, but most often as a way to feel better. These mothers had few parenting skills and expressed a desire to know more about how to parent.

Children, as well as adults, need some structure in their lives. We often refer to children as tough, strong, and active. In order to maintain their healthy bodies, they, too, need to be treated right. Without enough sleep, children tend to do poorly in school. If their nutritional needs are not met, their growth and development will be affected. When children's health suffers, they may become erratic, aggressive, or depressed.

Adults and children can benefit from a total approach to health. Three of the biggest health pitfalls are poor nutrition, lack of proper exercise, and involvement with alcohol and other drugs.

Good nutrition. Becoming all that we can be is an uphill battle if our bodies are deprived of the nutrients they need, if they are overstimulated by caffeine or other substances, or if they are sluggish from too much weight and lack of exercise. Parents need to be sensitive to how their children's eating habits affect alertness, sense of peacefulness, and ability to concentrate and think creatively.

All families should eat a balanced diet, making sure to consume a variety of fresh and wholesome foods. The amount of junk food a family eats should be minimized.

Proper exercise. Varied and regular exercise is important. Although we use some energy during exercise, we get more back—as long as we don't overdo it. We must know our limits, and avoid undue strain or pain to any part of our bodies. We should enjoy exercise. Muscles should be gently stretched, and exercises that work the heart and lungs, such as running or swimming, should be included.

Alcohol and other drug abuse. People who abuse their bodies with alcohol and other drugs usually have low self-esteem. Feeling inadequate to the challenges of living, these individuals attempt to bolster courage or escape by abusing alcohol and other drugs. It simply doesn't work. In fact, it further weakens self-confidence.

But the greatest harm from abuse of alcohol and other drugs is that it weakens the user's willpower. To really succeed in life, a person's will must be strong.

Unfortunately, too many people use alcohol and other drugs to wake up...keep up...slow down...go to sleep...relax...lose weight...reduce emotional pain...feel confident...be sociable...and cover up fear, loneliness, depression, and frustration.

This session is designed to help parents take charge of their lives and their children's lives—without alcohol and other drugs—by learning and applying the skills they will learn.

ALCOHOL AND OTHER DRUG DEPENDENCE CIRCLE

Time: 20 minutes

Materials: Empty beer/alcohol bottle, cigarette papers

Preparation: Explain to participants that neither children nor adults automatically become dependent on alcohol or other drugs. AOD dependence builds through these four stages:

1. **Learning.** When people feel uncomfortable or scared and they use alcohol and other drugs to feel better, they begin to learn that—temporarily—they don't feel as scared or uncomfortable. Their feelings don't go away, but people learn that the alcohol or other drug makes them forget those feelings for awhile.

2. **Seeking.** After people learn that alcohol and other drugs seem to make them feel better, they begin to look forward to using them.

3. **Loss of choice.** In the first two stages, people have a choice about whether or not to use alcohol and other drugs. They could choose other alternatives to try to feel better (for example, talking with a friend or exercising vigorously). When people reach this third stage, their choices are gone. They need the alcohol or other drug to survive. Their bodies' cells need the substance. They are in pain when their bodies don't get the substance they crave. They must keep using alcohol or other drugs.

4. **Recovery, serious illness, insanity, or death.** When body cells become filled with alcohol or other drugs, these substances take over. This hostile takeover usually causes trouble. Damage can be especially severe for children and teenagers because their bodies and brains are still growing.

   Death from alcoholism is the third highest cause of adult death in the United States, preceded only by cancer and heart disease. Alcoholism can cause illness or insanity, family problems, or trouble with the law. Other AOD dependencies are equally devastating.

Procedure: Ask participants to form one large circle to act out the stages of dependence as you narrate the action. Choose two people to sit in the middle of the circle. One person represents alcohol, the other illicit drugs. Give one an empty alcoholic beverage bottle, the other a supply of cigarette papers. These two people pretend they are having a party. The rest of the group, the "family," remains sad and silent.

Then choose one person—"Cleo"—to join the party. Cleo represents the first stage of addiction—Cleo is **learning** that alcohol and other drugs can provide temporary feelings of enjoyment. But the learner can choose whether or not to

use alcohol or other drugs. Cleo can leave the party and rejoin the family. (Cleo returns to the circle.)

Soon, Cleo begins to look forward to the effects of alcohol or other drugs. Cleo returns to the party. Cleo is **seeking** alcohol and other drugs. Cleo still has a choice. In this second stage, Cleo still can choose to return to the family. (Cleo returns to the empty spot in the circle.)

Cleo comes back to the party again. By now, Cleo has **no choice.** (Ask two partygoers to hold Cleo's arms and legs.) Cleo's body is controlled by the alcohol or other drug. Cleo cannot rejoin the circle. Ask family members what changes they notice in Cleo. How do they feel about the situation?

(Partygoers continue to hold Cleo's arms and legs. Ask Cleo to look distressed.) Point out that **unless Cleo gets help,** illness, trouble with the law, insanity, family problems, or even death may result. Meanwhile, family members and coworkers have taken over the roles and jobs Cleo once had (circle closes the spot where Cleo once stood).

People can and do recover, though, and Cleo is going to get help from Alcoholics Anonymous or some other group. It won't be easy to shift back and begin to trust and be trustworthy again.

But not only Cleo needs help. The whole family has suffered, so it attends a family support group. When one family member is dependent upon alcohol or other drugs, the entire family needs to talk about difficult feelings and experiences.

Adapted from Hawthorne, T. *Chemical Abuse Prevention Programs.* St. Paul, Minn.: Children Are People, Inc., 1985. p. 107. Reprinted with permission of the publisher.

HERE'S TO YOUR HEALTH

Time: 30 minutes

Materials: Pamphlets on types of drugs (including alcohol), handout on Health Problems Associated With Alcohol and Other Drug Abuse, pens, pencils, journals

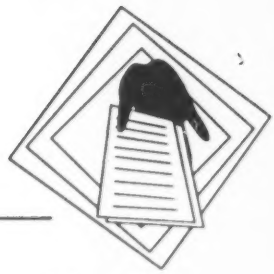
Procedure: Divide participants into groups of four or five. Distribute one copy of each pamphlet to the groups. Each group can choose a leader and a recorder.

The task is to identify health problems related to each drug. Ask participants to review the pamphlets. The recorder can use the handout "Health Problems Associated With Alcohol and Other Drug Abuse" as a guide.

Followup: When groups are finished, leaders can report findings to the entire group. Discuss and add any specific information, as needed.

Ask participants to list their reactions, thoughts, and concerns about health issues in their journals.

Handout #34



HEALTH PROBLEMS ASSOCIATED WITH ALCOHOL AND OTHER DRUG ABUSE

Directions: List some drugs (including alcohol) associated with each health problem.

Health problem	Associated drugs (including alcohol) or activity
Hepatitis	
Bronchitis	
Venereal diseases	
Skin infections	
AIDS	
Stress	
Paranoia	
Guilt complexes	
Apathy	
Weight loss	
Weight gain	
Hyperactivity	

The next three activities can be sent home with participants for completion. These activities are designed to help them assess their family's health practices in a personal manner.

MY HEALTHY FAMILY PORTRAIT

In this activity, participants are given materials that encourage creativity and increase awareness of their family's health status. Always encourage discussion about specific concerns. Participants might need a small supply of the materials to take home.

Time: 30 minutes

Materials: Flip chart, newsprint, markers, construction paper, tape or glue, crayons, masking tape, handout on Exercise for Body/Mind/Spirit and The Great Escapes

Preparation: Arrange materials on a table so all participants can select those they need. Open the flip chart to these instructions for participants:

Draw a picture of your family. Show

- the number of adults,
- the number of children, and
- activities you do for fun.

Then list

- preventive health practices you follow, and
- health practices you hope to improve upon.

Procedure: Read through the directions for making a family portrait. Explain how completed portraits will be displayed. When the portraits are finished, ask parents to walk around the room and look at each other's work.

Followup: Bring the group back together and discuss similarities and differences among the portraits. Then distribute the handout "Exercise for Body/ Mind/Spirit" and "The Great Escapes."

Handout #35—HLE

EXERCISE FOR BODY/MIND/SPIRIT

1. List how you have exercised your body during the past 3 days.

2. Are there any changes you would like to make in the type or amount of exercise you give your body? If so, what?

3. In what way do your exercise habits affect your body, mind, and spirit?

4. Find out what aerobic exercise is, and why it's important. Find out about stretching exercises, warming up, and cooling down. List places to contact about joining an exercise program.

The Great Escapes

Many people abuse their bodies with drugs such as alcohol, prescribed pills, and street drugs. Three of the most commonly abused drugs are listed here. Summarize the negative effects of each of them.

Substance	Damage to the body and mind	Other problems
Alcohol		
Marijuana		
Cocaine		

Adapted from Quick, S., and Hicks, K. *Being All You Can Be.* Lexington: University of Kentucky, College of Agriculture, Cooperative Extension Service, 1986. p. 17. Reprinted with permission of the publisher.

GOOD HEALTH BEGINS AT HOME

Time: 10 minutes

Materials: Factors That Contribute to Good Health handout

Procedure: Distribute one copy of "Factors That Contribute to Good Health" to all participants. Explain that they are to keep a daily record of their activities. Record the amount of time spent on each item to help them identify their strengths and growing edges.

Followup: Encourage participants to write their comments about the results of this activity in their journals or be prepared to discuss their charts. Another variation on this activity is to recommend using the chart weekly so the family can see change and progress.

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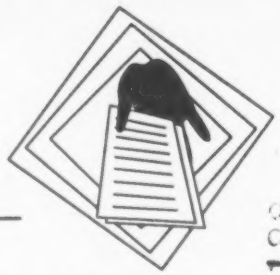
Handout #36—HLE

FACTORS THAT CONTRIBUTE TO GOOD HEALTH



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Instructions: Complete this grid each day. List the amount of time your family spends on each factor. Make notes on days when something special takes place.

And the end of each week, review all activities. What areas do you plan to improve?

Factors	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Exercise: Try to exercise for 30 minutes at least 3 times a week—walk, run, do aerobics, or something else. Movement increases your energy level.							
Fresh air: Spend some time out in the sun. Fresh air helps to increase the flow of oxygen to your brain and gives you an added lift.							
Sleep: Adults need at least 7 or 8 hours a night. Children should have a regular bedtime. Neither children nor adults function well emotionally or physically without proper rest. Children cannot concentrate in school when they are tired.							
Balanced meals: Eat a well-balanced diet that includes a variety of fresh foods. Eat less junk food, such as chips, candy, munchies, and cookies.							

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Factors	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Recreation: Find something that your family enjoys doing. Spend some time on this activity once a week. Consider bowling, dancing, swimming, or skating.							
Quiet time: Spend at least 15 minutes alone each week. Use this time to set goals, reflect on the week's activities, and relax.							
Spiritual activities: How does your family worship? Find some time to spend on your family's spiritual needs. Do you attend religious services, classes, or special programs?							
Comments:							
Plans for next week:							

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WHOLE PERSON WHEEL

Time: 45 minutes

Materials: Whole Person Wheel handout, pens, pencils

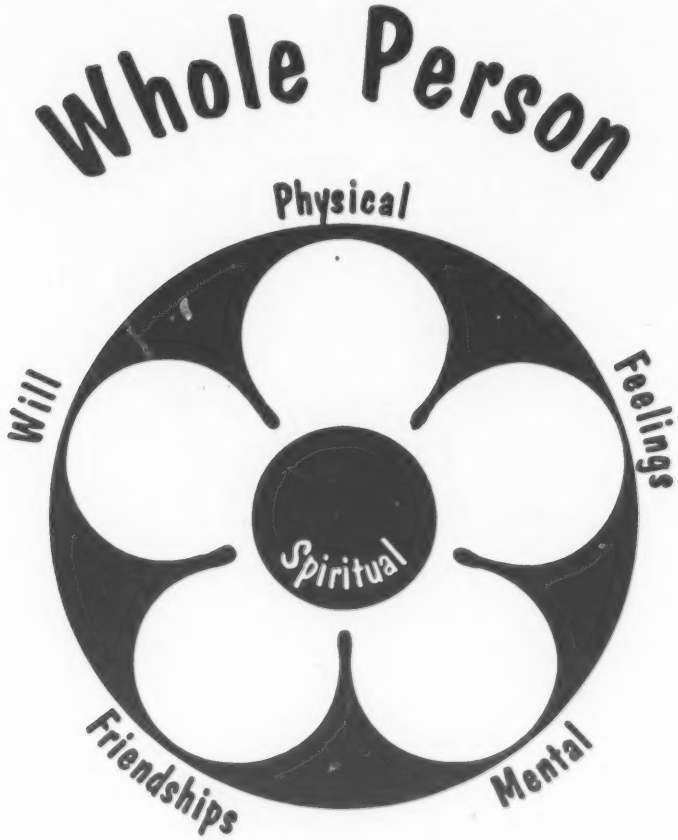
Procedure: Distribute copies of the "Whole Person Wheel." Explain that as human beings we are each unique and have special powers or components. All these parts are important and we need to develop each one. Ask parents to follow along on their wheels as you explain the following components:

- **Physical.** Do I like my body? Do I participate in any exercises or sports? Do I take care of my body? Would I like to be taller, thinner, or different in some way?
- **Mental.** Do I feel smart? Can I learn easily? Can I think of new ideas? Can I be creative? Do I have a good memory?
- **Willpower.** How do I make decisions? Can I set goals for myself? Do I follow through with my plans? What do I want for myself?
- **Emotional.** Can I show anger? Am I enthusiastic? Am I quiet? Can I show people how I feel about them?
- **Social power.** Can I make friends? Can I keep friends?
- **Spiritual power.** Does my life have a purpose?

Have parents fill out their wheels with the positive qualities they have in each area. Explain that when an area is empty, our lives are out of balance. We might want to set new goals. Encourage parents to refer to this chart periodically and to use the "Whole Person Wheel" regularly—as a gauge to measure balance in their lives.

Handout #37

WHOLE PERSON WHEEL



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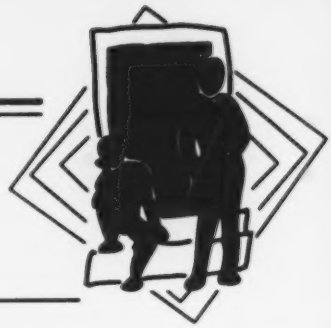
SUMMARY AND EVALUATION

Time: 15 minutes

Materials: Journals, pens, pencils

Procedure: Review goals of the session and discuss how these goals were accomplished.



Module 9
Values and Peer Pressure

GOALS

- To explore values
- To examine peer pressure
- To learn ways to say No

AGENDA

Celebration and Icebreaker

Review and Introduction

Centering and Focusing

What Makes Me Feel Good About Myself?
  Being Your Own Person

A View on Values
  Rank Your Values

No! No! A Thousand Times No!
  Ways To Say No

Summary and Evaluation
  Get Off My Back!

CURRICULUM MATERIALS

- Refreshments
- Icebreaker
- What Makes Me Feel Good About Myself activity sheet
- Pens, pencils

- Being Your Own Person handout
- Rank Your Values questionnaire
- Journals
- No! No! A Thousand Times No! activity sheet
- Ways To Say No handout
- Get Off My Back! handout

PREPARATION

Read through the materials for this session and complete the activities for yourself.

Display the newspaper and magazine articles and other resources.

Make enough copies of the handouts.

CELEBRATION AND ICEBREAKER

This session is the last one in which the celebration will be held first, so make it special. By now, participants know each other quite well, so select an icebreaker that will continue to build their friendships.

REVIEW AND INTRODUCTION

Take a few minutes to discuss the "Factors That Contribute to Good Health" activity from module 8. What were participants' experiences with and reactions to this activity? In what areas do they plan to improve?

We live in a confusing world. All around us, we see conflict and contradiction. On one hand, people are encouraged to be law-abiding citizens. On the other hand, those who break or bend the law are sometimes touted as heros. Religious leaders who once stood for right are accused of things that are considered wrong. Some people who spoke out against alcohol and other drugs are picked up in drug raids. Children are told never to lie, but they hear parents lie when the bill collector calls.

Everything we say, decide, or do is related to the beliefs, attitudes, and values we hold dear. Our manner of walking, dress, conversation, and general behavior are all related to our values.

People value many things, including

- politics,
- friends,
- family,
- money,
- rules,
- art/music,
- health,
- religion,
- power, and
- education,
- work,
- leisure activities.

Values are the things we believe in and the standards that seem right and important to us. Our decisions are usually based on our standards. Children develop values based on family attitudes and beliefs.

Most of us learned the values of our parents and other adults. Often, adults tell children what they should believe. Sometimes, adults discuss their values but encourage children to choose what's right for themselves. Still other parents model values to show what they believe is right. Most likely, children observe how family values affect their parents' behavior and adopt the same attitudes and beliefs. One way or another, values are transmitted from generation to generation.

Some of the family values that may relate to preventing alcohol and other drug problems are

- having a personal or religious belief that rejects AOD use;
- having clear rules and expectations regarding children's use of alcohol and other drugs (e.g., prohibiting them to use nicotine, alcohol, or drugs in any form);
- having personal or religious beliefs that reject excessive alcohol use;
- valuing the freedom to make decisions without having to follow the crowd;
- respecting the human body and desiring a healthy lifestyle;
- believing that it is important to be in control of one's behavior at all times; and
- placing strong value on education and achievement.

Whatever our values, we must help our children adopt standards they believe to be good and important. When the pressure to experiment with alcohol or other drugs increases, children will need strong family values to help guide their actions.

To motivate children to do their best and avoid using alcohol and other drugs, parents should do the following:

- Set examples through their own conduct and explain to their children the ideals underlying their actions. The importance of such qualities as honesty, courage, and persistence can be dramatized by painting the negative consequences of mistakes or of failing to live up to ideals.

- Relate personal experiences and family stories that reinforce the message that effort, persistence, and good character count.

- Cite the success of prominent leaders who rose from humble beginnings and examples of ordinary people who have led exemplary lives.

- Give children some responsibilities at home to foster self-reliance, industriousness, resourcefulness, and routines for work.

- Teach children to plan ahead by requiring them to place school work and household chores before play. Parents should set a definite bedtime to help their children prepare for school.

- Praise good behavior and performance. Correct misconduct.

- Encourage children to compete in school and strive to succeed in their studies in the same way they might compete in sports.

What happens though, when our values don't fit what we do or say? What happens when people say one thing and do another? Conflict results. Parents can benefit from experiences that encourage them to clarify and understand their values. Their children will benefit, too.

Many adults have a hard time bearing up under the pressures of daily living. Often, friends put pressure on them to do a variety of things. Just when they've started dieting, someone offers them a delicious slice of cake. They've been on a tight budget—saving money for a pair of warm boots. Along comes a friend who is selling jewelry, and it's hard to resist.

Alcohol and other drugs are the same way. Some adults may have tried alcohol or other drugs and decided it's not for them. However, several friends are regular abusers, and so alcohol and other drugs are always available.

Saying no to friends is hard. Even adults feel pressured to do things that are not right. Resisting is even harder when things are not going well: unpaid bills, problem relationships, unemployment, a sick child, loneliness, or hopelessness. These things can get us down—and then along comes a friend with an answer.

Children experience pressure also. They might feel down at times and don't know where to turn. Drug dealers can spot vulnerable children who don't know how to say no. Dealers can talk a good game and convince children that it's O.K. to try their special candy. Children are naturally curious and need to be protected.

CENTERING AND FOCUSING

Time: 10 minutes

Materials: Pens, pencils, paper

Procedure: Ask participants to take a few minutes to complete the following sentences:

Something I value most is...

Something I value least is...

Followup: Ask participants to find a partner and share their responses. Also ask if there is anything special they wish to know about values.

WHAT MAKES ME FEEL GOOD ABOUT MYSELF?

This activity is designed to help participants analyze the many influences that affect their choices, behaviors, and attitudes. Encourage participants to discuss the influences in their lives. Prior to completing the checklist, ask each person to share who or what influenced them the most. Ask for a show of hands to determine the sources of influence in their lives.

Time: 15 minutes

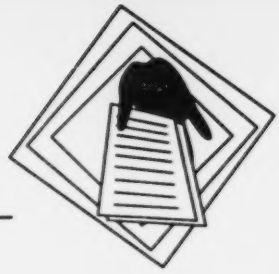
Materials: What Makes Me Feel Good About Myself? activity sheets, pens, pencils, Being Your Own Person handout

Procedure: Distribute the "What Makes Me Feel Good About Myself?" activity sheet to fill out.

Followup: Ask participants to find a partner with whom to share their responses. Then hand out the "Being Your Own Person" material for participants to take home and think about.

Handout #38

WHAT MAKES ME FEEL GOOD ABOUT MYSELF?



What makes you what you are?

Why do you make the choices you do?

Put down numbers, 1 through 10, for each item listed below. It's all right if you use the same number twice—some things are just as important as others.

When you finish, show it to someone you don't know too well...maybe they had different answers. There is no wrong or right, just say it like it is!

- The movies/TV I look at _____
- The grades I get in school _____
- The clothes I wear _____
- The brand of athletic shoes I have _____
- The number of friends I have _____
- What I do when I'm not in school _____

- Where I live _____
- How I get spending money _____
- The hobbies I've got _____
- What sports I play _____

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Handout #39

BEING YOUR OWN PERSON

What Does It Take?
Be proud of your stand on things—be proud of what you do about it.

A. Take a Stand!

B. Let's Hear About It!

For example:

I believe everybody should be able to say what they think, even when other people may not agree with them.

or...

I know that lots of people think you are stuck with the brain you are born with, but I think if you use it, it's like a muscle, and will grow.

Making Choices...

C. Looking at All Sides of a Problem...

D. Deciding After You Have...

E. Not Letting Anyone Decide for You.

For example:

I have thought a lot about all the good and bad points of making the school day longer, and I think...

or...

I have thought a lot about allowing women to go into combat in the military services, and spent time studying both the advantages and disadvantages of that idea, and here is my conclusion...

Backing Up What You Think With What You Do...

F. Doing.

G. Doing With Long-Time Consistency.

For example:

I believe, and have always believed, that every person on earth is entitled to some basic dignity.

A VIEW ON VALUES

Time: 50 minutes (30 minutes for questionnaire, 10 minutes for small groups, 10 minutes for entire group)

Materials: Rank Your Values questionnaire, pens, pencils, journals

Procedure: Explain that this activity will require all participants to look deeply into themselves in order to make a choice. Distribute the questionnaire to everyone, or read the questions. Participants are to rank items in order of importance (1, 2, or 3). It is all right to pass and not respond to a question.

This activity makes participants aware of value differences within the group. Each person is unique, and values reflect this quality. Sometimes, close friends will disagree on the value of money, religion, work, marriage, and other relationships. These disagreements demonstrate value differences. It's O.K. to be different. However, unless these values are clarified, conflict can result between parents and children, husband and wife, or supervisor and worker.

Followup: After completing the questions, divide participants into small groups. Ask them to share and discuss the items they ranked number 1. Repeat the process with items ranked 2 and 3.

Bring the group back together and lead a general discussion on these questions: How was this activity? What did they learn? What does this tell them about choices in their lives? About choices related to alcohol and other drug abuse? To conclude, ask everyone to write their thoughts regarding values and their families in their journals.

Handout #40

RANK YOUR VALUES

Directions: Answer these questions by ranking your first choice number 1, second choice number 2, and third choice number 3.

1. Where would you rather be on a Saturday afternoon?

   ____ at the beach

   ____ in the woods

   ____ in a discount store

2. Which should have the highest priority in your community?

   ____ jobs

   ____ housing

   ____ drugs

   ____ transportation

3. Whose death do you consider to be the greatest loss?

   ____ Malcolm X

   ____ Martin Luther King Jr.

   ____ John F. Kennedy

4. How late should a 13-year-old be allowed to stay out on a weekend?

   ____ 10 p.m.

   ____ 12 p.m.

   ____ let the 13-year-old choose

5. How would you solve the problem of alcohol and other drugs in your community?

   ____ get parents involved

   ____ leave it up to law enforcement officers

   ____ identify the dealers

6. In which order should young children be given facts about these topics?

   ____ sex

   ____ AIDS

   ____ alcohol and other drug abuse

7. What would you most likely do about a person with bad breath?

   ____ directly tell them

   ____ send an anonymous note

   ____ smile and stay away

8. Which would you most like to improve?

   ____ your looks

   ____ the way you use time

   ____ your social life

9. What do you worry about most regarding your children?

   ____ illicit drugs in the community

   ____ teenage pregnancy

   ____ violence in the street

10. What would you do if you saw a friend's child using alcohol or other drugs?

    ____ nothing

    ____ question the child about the dangers

    ____ tell your friend

Adapted from Raths, L.E. *Values and Teaching: Working With Values in the Classroom.* Columbus: Merrill, 1966. Reprinted with permission of the author.

NO! NO! A THOUSAND TIMES NO!

Peer pressure is as significant for adults as it is for children. Being grown up does not automatically mean that you are super strong and ready to withstand pressures from friends, coworkers, family, and foes alike. Everyone needs help from time to time to withstand temptation, confusion, fear, and other feelings. Now that participants are aware of the nature of values, this activity will allow them to take a realistic view of pressure regardless of their value systems.

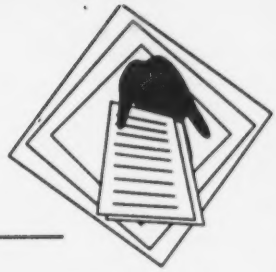
Time: 30 minutes (20 minutes for activity sheet, 10 minutes for journals)

Materials: No! No! A Thousand Times No! activity sheets, Ways to Say No handouts, pens, pencils, journals

Procedure: Hand out the "No! No! A Thousand Times No!" activity sheets and the "Ways To Say No" handout. Ask each participant to complete the items.

Followup: Introduce the notion of role-play by telling participants that this exercise provides an opportunity to practice. Have each person find a partner to discuss their activity sheets with and to role-play their responses to three situations. Partners should take turns responding as adults and as children. This process will provide firsthand experience and practice.

Ask participants to write their thoughts in their journals.



Handout #41

NO! NO! A THOUSAND TIMES NO!

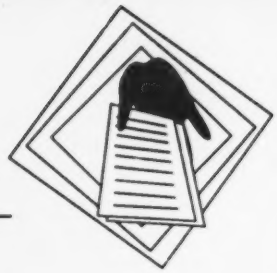
Directions: Complete the following items for adults and children. Fill in the missing responses. Choose a response from the "Ways to Say No" handout, or fill in your own.

	Responses	
Situation	**Adult**	**Child**
"Come on, this will make you feel much better. It's good for your head."	"No way." "Don't feel like it." "My head feels fine."	
"Hey, here's something for you to try. It tastes real good—yummy for the tummy."		"No, thank you." "My mother will be mad at me." "No." "No way."
"Hey, your mother won't know. Anyway, who cares? She hits you and makes you mad. Let's show her!"		Say no and run away to a safer place. Call a trustworthy big brother or sister. Tell your teacher.
"Come here, little guy! Take this package over to my mother's house for me. It's her medicine. She'll give you the money for it. Bring the money back to me."		

Permission to adapt this activity from the *Family Activity Book: Preventing Drug Abuse Through Family Interaction* ©1982, 1984 Roberts & Associates was granted from Comprehensive Health Education Foundation (*CHEF*®), Seattle, Washington. All rights reserved.

Situation	Responses: Adult	Responses: Child
"Want to make some easy bread? Help me get this car and you can make a couple of grand. Put the car in your name."		
"Let's forget about everything and take a little trip. Things are too hard and a little stuff will make it easy for you."		

Permission to adapt this activity from the *Family Activity Book: Preventing Drug Abuse Through Family Interaction* ©1982, 1984 Roberts & Associates was granted from Comprehensive Health Education Foundation (*CHEF*®), Seattle, Washington. All rights reserved.



Handout #42—HLE

WAYS TO SAY NO

No, thank you.
Don't feel like it.
No, thanks.
Get out of here.
No way.
I'll pass.
Can't.
Don't want to.
Get lost!
Forget it!
Bad stuff.
I'm just fine.
That's not very smart.
Don't feel well.
Don't have any money.
I'm broke.
I want to live.
I don't want my mind blown.
That stuff ruins your life.
That's really dumb.
Get moving!
Not today.
I'm too busy.
Got to get home.
I'm on my way to the...(store, work, school).
Candy isn't good for you.
My children mean more to me.
Gotta go to the bathroom.
I don't understand.
I'm afraid of the cops.
Don't want to get busted.
You must be joking!

Other ways to say No

Make an excuse. Sometimes, a quick excuse will help you get out of a very dangerous or sticky situation. Keep an excuse ready.

Ignore the person. Pretend not to hear or understand and keep moving.

Leave the scene. A fast flight from the area works well. Talk fast and keep your feet moving.

Make a joke. Humor can cure many ills. Make like Bill Cosby and get people to laugh.

Handout #43

GET OFF MY BACK!

Dear James,

Everyone's always telling you not to use drugs, right? They tell you that drugs kill and that they hurt you, your family, and friends. They show you dumb movies with Goody-two-shoes just saying no.

You snicker.

You laugh.

I don't blame you. I can't relate, either. You've been on the street. You *know* what's happening. They don't.

What they do is talk about courage. They act like courage means you're not scared. Courage is facing fear, and people who say they don't have any fear are lying. Even Goody-two-shoes would shake walking down your block.

So, some people offer you some drugs.

You sweat.

You act cool, but you sweat.

They can get ugly.

They can get mean.

Cruel's more like it!

Courage means you've got to take care of yourself, and that can be rough when you want to look good—you know what I mean.

Being brave means moving away sometimes. "Catch you later, guys...much later!"

It's hard. It's not like they show you in the movies. And now you just want to be left alone. You'll turn down drugs—but your way. You want nothing on your back right now—not even me.

Been there.

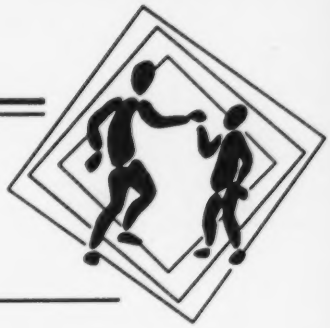
SUMMARY AND EVALUATION

Time: 10 minutes

Materials: Get Off My Back! handout

Procedure: Distribute the handout. Discuss how participants feel about its contents and how they might use the handout in their families.

Module 10
Appreciating Our Families



GOALS

- To look at long-term implications of child-rearing practices
- To practice ways to show family members how much they are appreciated

AGENDA

Review and Introduction
  Guidelines for Discipline

Discipline: Setting Inner and Outer Limits
  The One-Minute Reprimand
  What If You...?

When You Care Enough

What Are My Plans?
  Family Protection Plan

Program Evaluation Form

Closing Celebration—We Are Special

CURRICULUM MATERIALS

- Icebreaker
- Squares of paper
- Flip chart
- Markers
- Guidelines for Discipline handout
- Journals

- Pens, pencils
- The One-Minute Reprimand handout
- What If You...? worksheet
- Paper
- Family Protection Plan worksheet
- Attendance certificates
- Cupcakes
- Candles
- Round paper plates
- Crayons
- Yarn (various colors cut to 16-inch lengths) -
- Instant (Polaroid) camera, film, and batteries
- Bubbles
- Confetti

PREPARATION

Read through the materials and complete the activities. Display the newspaper and magazine articles and other resources.

Copy the handouts and worksheets.

Write the discussion questions on the flip chart.

Choose some of the suggested messages listed here and copy them on separate squares of paper. Add your own examples. Make at least three or four squares per person.

I like to hug you.

You are beautiful.

Don't brag.

You have a big mouth.

Why can't you be like your brother?

It's O.K. to feel angry.

You're so smart.

You're just like me.

You need help.

You are a good little boy (or girl).

Always be happy.

I wish you hadn't been born.

I'm so glad you picked up your toys.

I enjoy watching you learn new things.

It's O.K. to explore; I'll be here.

You're messy.

I like your hugs.

How are you?

I wish you had been born some other time.

You do pretty well, considering.

You never learn, do you?

Why did you have to come here?

Marry wealthy.

You're O.K. if you take care of me.

You're a problem!

My day is better when I see you.

I wish you were a boy (or a girl).

That (feeling) is not allowed.

Can't you do anything right?

Who do you think you are, anyway?

He's (or she's) our feisty one.

It's your problem—fix it yourself.

What will the neighbors think?

I like to hold you.

I'm glad you're growing up.

Please other people.

Be successful and get rich.

Hurry and grow up.

Your needs don't count.

Do it because I said so.

Don't expect anyone to take care of you.

Make me look good.

Anything worthwhile is worth suffering for.

He's (or she's) our slow one.

I wish someone would adopt you.

I'm glad you're here.

I love you.

There's no excuse for a bad mood.

Keep that up, and you'll end up in prison.

Work hard, try harder.

Big girls (or boys) don't cry.

You can trust yourself.

Trust me.

Don't be in a hurry to grow up.

You drive me crazy!

I always knew you could do it.

Excerpts from *Self-Esteem: A Family Affair* by Jean Illsley Clarke. Copyright ©1981 by Jean Illsley Clarke. Reprinted by permission of Harper Collins Publishers.

REVIEW AND INTRODUCTION

Begin by asking participants to describe their efforts to help themselves and their children learn to say no. You may also want to discuss how they used the handout "Get Off My Back."

In the first session, we considered some indicators that put families at risk for abuse of alcohol and other drugs. We also began to think about ways to help family members protect themselves from alcohol and other drugs. Family management strategies have been identified as a key to preventing AOD abuse. Major components of management are discipline and supervision.

Our society has traditionally viewed discipline as a negative process that involves punishment, threats, and fear. Many people think discipline causes children to become compliant.

Punishment and other negative treatment cause children to think: "I must be bad because they're always telling me what I do wrong." "One of these days, I'm going to get even because they treat me so mean." "My parents don't love me because they only pay attention when I do something wrong." "I know what they don't want me to do, but what do they want me *to* do?"

Actually, the word ***discipline*** means to ***teach*** or to ***guide***. True discipline provides positive conditions that teach children to develop a conscience and to adapt to society's rules. The goal of discipline is to promote self-discipline and good citizenship so that children will become good citizens and will value right over wrong.

Respect—for children themselves, the rights of others, and property—is an inherent part of discipline. When positive discipline begins early in children's lives, they will want to behave according to the values they have developed.

Distribute the handout "Guidelines for Discipline" so parents can follow along as you make these critical points about the types of discipline that are most effective.

This concluding session will focus on the long-term effects on behavior of child-rearing practices. Participants will learn a variety of strategies that tell children that they are appreciated.

Handout #44

GUIDELINES FOR DISCIPLINE

- These techniques are likely to increase children's self-discipline and encourage positive behaviors:

  —Ensure care is given by people who model appropriate behaviors and who remain calm and in control of themselves even when children misbehave.

  —Praise good behavior, ignoring any behaviors that are not dangerous.

  —Help children figure out solutions to their own problems.

  —Consistently enforce clear, age-appropriate rules that spell out what the child is expected to do (rather than what is forbidden).

  —Allow children to experience the real, natural consequences of their behavior when it is safe.

  —Be patient.

  —Encourage cooperation.

- These techniques are likely to reduce children's misbehavior:

  —Prepare the environment and make schedules to accommodate children's needs (trust, love, attention, safety, learning).

  —Give children reasons for your rules.

  —Distract children from potential trouble.

  —Gently remind children of the rules.

  —Discuss misbehavior in private.

DISCIPLINE: SETTING INNER AND OUTER LIMITS

Time: 1 hour (2 minutes for each of the four discussion questions, 10 minutes to practice The One-Minute Reprimand, 30 minutes to write and discuss What If You...?)

Materials: Flip chart, markers, journals, pens, pencils, The One-Minute Reprimand handout, What If You...? worksheet

Procedure: Spare the rod and spoil the child. This approach is one way to handle children's behavior. But when is enough spanking enough? Parents are often in a state of confusion about whether or not to spank. When does spanking become abuse?

What is discipline anyway? How should discipline be defined? Jawanza Kunjufu says discipline is "a system of rules and regulations exemplified by the leader (parent or teacher) that motivates—not forces—followers (children) to model their (the leader's) behavior."

In a home with this type of discipline, children usually have self-control, treat people with respect, and willingly accept responsibilities for chores. In the classroom, teachers and students interact with each other in a positive way, children are eager to learn, and the entire school works together to see that children become productive members of the community.

Today in many communities, four major problems with children appear related, at least in part, to discipline:

1. **Hyperactivity.** Children are unable to sit still for very long. Children are very energetic creatures, and adults often expect them to sit still for too long doing tasks that aren't very interesting or age appropriate. Very young children are simply are not yet aware that sitting still and concentrating on a task is a behavior that is expected in elementary school.

   Many experts attribute some types of hyperactive behavior to high sugar intake. Children who feast on donuts, sugar-coated cereal, or a candy bar for breakfast may be bouncing off the walls by midmorning. When the sugar wears off, they lose all their energy and are hungry long before it's time for lunch.

   Discussion question: What are examples of good foods for breakfast? List responses on the flip chart.

2. **Resistance to being touched.** In school and around the community, many fights break out because one person brushes up against another. This resistance to touch may be the result of growing up with parents or guardians who never hugged, patted, or cuddled their children. Males generally have a difficult time expressing emotions or the need to be touched.

Discussion question: Describe situations where boys especially needed to be touched but chose to fight or push away. Write the responses on the flip chart.

3. **Lack of respect for authority.** Many times, adults display disrespect for each other and the system. They talk openly about "getting something over" on someone—anyone. Children hear and see adults who don't seem to care about authority and who only think of themselves.

   Discussion question: What are other causes of lack of respect for authority? Write the responses on the flip chart.

4. **Desire to signify, play the dozens, and use four-letter words.** When people are insecure, they tear other people down. They are unable to praise others because they feel unworthy of praise themselves and may rarely receive praise. People often use offensive language and act tough to make themselves feel important. Children learn this behavior from adults.

   Discussion question: How can parents help children use praise rather than put-downs? Record answers on the flip chart.

Distribute "The One-Minute Reprimand" handout; ask participants to read the directions and respond to any questions. Have them find partners and practice giving their partners at least one reprimand. Bring the group back together and discuss these questions: How did they feel using this method? What other methods do they use? How do they think their children feel about being reprimanded?

After this discussion, distribute the "What If You...?" worksheet. When parents have completed the sheet, ask them to identify child-rearing strategies and outcomes from the list that were particularly striking. Solicit suggestions about why these child-rearing strategies have these outcomes.

Followup: In order for parents to help children develop self-discipline, the following ingredients are necessary: love, sincerity, consistency, self-esteem, praise, reasonable expectations. Ask parents to write a love note to each of their children to let them know how special they are.

Handout #45

THE ONE-MINUTE REPRIMAND

This technique works best when you can respond calmly. Be prepared for some confusion and questions from your children. After all, you are trying a new behavior for both you and your child. Allow some time for practice.

1. Respond immediately when the behavior is observed. If you are very angry, allow a cooling-off period.
2. State the exact behavior that is not acceptable to you.
3. State how you feel about the behavior and why it is not acceptable.
4. Be silent for a short time to let your statements sink in.

THEN

5. Touch your child on the shoulder, arm, or top of the head.
6. Tell your child, "You are a valuable (or special) person."
7. Tell your child, "I love you, but I do not like and will not tolerate or accept (the behavior). I know you will do better in the future."
8. Hug your child and smile.

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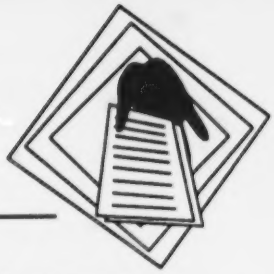
Handout #46

WHAT IF YOU...?



Directions: Some typical child-rearing strategies are listed in the left column. In the right column, write how children who have been treated that way will probably act in 5 to 10 years, when they are adolescents or teenagers. Select several strategies and complete the right-hand columns.

	The kind of behavior you can expect	
What if you...	**In 5 years (adolescent)**	**In 10 years (teenager)**
Begin from your children's infancy to give them everything they want, especially designer clothes?		
Laugh when your children use bad words?		
Don't talk with your children about sex or alcohol and other drugs (they already heard about these things at school and from their friends)?		
Never give any spiritual training or guidance?		
Show children how important it is to enjoy and keep on learning?		
Let your children see you and your friends abuse alcohol and other drugs?		
Pick up everything left lying around—toys, books, clothes?		
Allow your children to watch whatever comes on TV or read anything in print?		
Encourage your children to talk when they're angry?		

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What if you...	The kind of behavior you can expect	
	In 5 years (adolescent)	In 10 years (teenager)
Give your children lots of good attention?		
Quarrel frequently in your children's presence?		
Give children all the spending money they want?		
Ridicule children when they are afraid of something?		
Are careful not to praise children so they don't get too full of themselves or spoiled?		
Work together with your children's teachers?		
Listen to your children when they talk?		
Say "I love you" often to your children and your partner?		
Take your child's side against neighbors, teachers, and police officers?		
Apologize for yourself by saying, "I never could do anything with them" when your children get into trouble?		
Hit your children to punish misbehavior?		
Can't be bothered to find out where your children are or what they're doing away from home?		
Encourage children to solve their own problems with their own solutions?		

What if you...	The kind of behavior you can expect	
	In 5 years (adolescent)	In 10 years (teenager)
Don't ask about your children's friends' backgrounds, personalities, or habits?		
Reward your children's good grades with money or other treats?		

WHEN YOU CARE ENOUGH

Time: 45 minutes

Materials: Paper, pens, pencils, journals

Preparation: Spread the messages written on squares of paper on the floor.

Procedure: This activity has two parts. If possible, arrange to have participant's children join them during the second part of the activity.

Part 1. Recognizing messages. Children learn what people think of them by the things those people say or do. Children believe what we say. They take our words to heart. Ask participants to remember some messages they received when they were children.

Tell them to look for familiar messages on the floor that they have either received or have given. Have them walk through these messages and remember which ones seemed important to them as children.

Tell them to pick up two or three messages that they felt or heard clearly as children and to write any other messages they remember on a separate piece of paper. Ask them to think back to the times they heard or felt these messages. If they want, they may find a partner with whom to share their thoughts and feelings.

Encourage participants to enjoy and cherish those messages that have been helpful to them in their life and to destroy those that were not a positive force.

Have participants write all the positive messages in their journal and add a positive message for each message they destroyed.

Part 2. Showing appreciation. A positive stroke is any act, such as a smile, a touch, a pat on the back, or a kind word—that shows another person we care about and appreciate them. All of us like these strokes because they help us feel good about ourselves.

Here are some ways parents can show appreciation to their children or other family members:

- Tell children, family, or friends something special about themselves each day.
- Put love notes under each child's pillow and let them discover them in the morning.
- When talking with children or someone else who is special, smile, look them in the eye, and use soft, gentle touches on the arm, shoulder, back, or elsewhere.

- Plan a VIP (Very Important Person) day for each family member. This special celebration should include opportunities for family members to do and say nice things about the VIP.

- When family members or friends do something nice, acknowledge their actions in a specific way, such as with a greeting card or a note.

Encouraging a child's actions is a special way to show love and appreciation. It stimulates both independence and a sense of belonging at the same time. We all need encouragement, and children grow strong on encouragement and praise. The principles and tips in the handout are suggestions to help parents encourage their children more effectively.

Have participants do this activity with their children. If their children are not available, ask participants to select partners. Partners can role-play being family members for each other. Have participants practice giving verbal and nonverbal expressions of appreciation to their family member. Then ask the receivers of the expressions how it felt to receive so much appreciation and how they reacted. Were they tense or relaxed? Did they enjoy it? What did they learn about themselves?

Ask the givers how it felt to give so much appreciation. What were their reactions to such giving? What have they learned about themselves? Did they enjoy giving?

WHAT ARE MY PLANS?

Time: 30 minutes

Materials: Family Protection Plan worksheet

Procedure: Distribute copies of the "Family Protection Plan" worksheet. Explain that this plan is designed to help their families avoid alcohol and other drug abuse and strengthen each member.

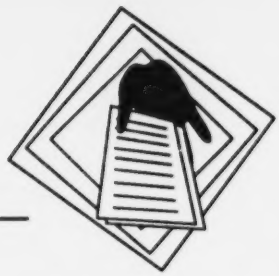
Suggest that participants review all the activities and information recorded in their journals during the past few weeks. They can use this information as the basis for developing the "Family Protection Plan."

Recommend that once the plan is completed they display it in a place that members of their families use frequently, such as the refrigerator, back of the front door, a wall, or in the bathroom. The plan can serve as their families' hopes for tomorrow.

When they have finished working on their plan, ask them to complete the "Program Evaluation Form" and return it to you.

Handout #47

FAMILY PROTECTION PLAN



Family name **Adults' names** **Children's names**

_____

_____

_____

Our position on alcohol and other drugs is

Our family's values are

We communicate by

We support each other by

Our goals for this year are

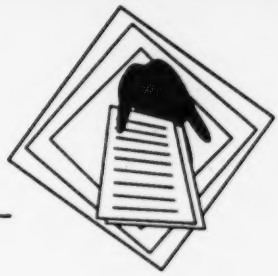
Our goals for the next 5 years are

The community support we need to reach our goals is

The friends who can help us reach our goals are

Handout #48

PROGRAM EVALUATION FORM



Your child's name _____ Your name _____

Program name _____

1. What has this curriculum done for your child?

2. What has it done for you?

3. Which methods, techniques, and recommendations worked best?

4. What didn't work as well for you?

5. Have you seen any changes in your child? If so, what?

6. What changes have you made in your life?

7. Have you accomplished your goals for this curriculum?

8. What suggestions for followup do you have?

CLOSING CELEBRATION—WE ARE SPECIAL

Special Note: This celebration activity could be scheduled as a separate event. This would allow participants to plan for family members to attend. Also, it would be possible to invite community residents, the media, and special legislators. Make this closing ceremony extra special by holding it in an auditorium, a corporate meeting facility (donated), a country club (donated), etc.

Materials: Attendance certificates, cupcakes, candles, round paper plates, crayons, yarn, instant (Polaroid) camera, film, batteries, bubbles, confetti

Procedure: The purpose of this special closing ceremony is to bring parents and children together to share just how special each one is. This celebration will end the curriculum on a positive note. It will be divided into three parts.

As families arrive, have someone direct them to an area set aside to take photographs. Have the camera, film, and batteries ready. All families must have their photos taken.

PART 1. CELEBRATE YOU AND ME

This activity will enhance communication between parents and children and build a closer bond. Ask the children to sit or stand in a circle. Parents may stand behind their children (group their children together if they have more than one).

First, ask parents to repeat to themselves a message they wish they had heard when they were young. Then ask them to whisper their message in the ear of each child as they move around the circle, using the children's names whenever possible. Encourage them to warmly touch each child.

When the grownups have finished, ask everyone what this exercise felt like. What did they learn?

Now it's the parents' turn. Ask them to sit or kneel on the floor so the children can reach them. Ask the children to think of a message they would like to hear or one that they would like to give to adults. (Younger children may need some help with this: They could simply walk around the circle and hug, touch, or pat the adults. They could also hold hands or dance with the adults.)

Continue in the same manner as before, with each child sharing a message. Again, discuss the activity with the group.

At the end of the discussion, both parents and children should form one large circle, holding hands with each other. On the count of three, give one loud cheer for the whole family.

PART 2. CELEBRATE THE FAMILY

Provide families with a paper plate for each member, their photograph. and a string of yarn for each plate. First, ask children to draw a picture of thei on their plate. Then have them paste a copy of a poem on the other side ot their plate. Push two holes on opposite sides of the paper plate. Have children choose their yarn and tie the ends through the holes. Children can wear their plates around their necks.

While the children are working on their project, parents can take the photograph and poem and paste them on their plate. They can thread yarn through two holes in the plates and wear them for all to see as well.

Briefly discuss the project with the whole group, asking how they felt about the activity.

PART 3. UNITY CIRCLE

After the group has had an opportunity to display their plates, ask that everyone once again form a circle. Pass out cupcakes with one candle inserted in the middle to each adult and older child. Light the candles in the cupcakes held by older children and their parents. Younger children can have special cupcakes but no lighted candle.

Ask each person to finish this sentence:

I appreciate my family because...

Extinguish the candles and bid farewell to the group.

FOLLOWUP

Although the sessions have ended, parents often wish to continue meeting. Sometimes, these sessions will develop into support groups and friendships blossom. Here are a few recommendations for followup:

Transition Activities

Transition is an important process for parents and children. Establishing and maintaining relationships with the local school is a priority. Include the local public school in the program's prevention efforts. Before the end of the program, inform the school about the curriculum and other prevention activities.

Send copies of the program's prevention newsletter to the school. This contact will help establish and foster communication, cooperation, and collaboration between Head Start and the local school system.

Community Projects

Preventing alcohol and other drug abuse is not a one-time effort. It requires ongoing activities, projects, and programs. Maintain communication with community groups.

Peer Mentor/Support Groups

As parents get to know each other, they begin to depend on the support of members. The group will provide opportunities for all members to grow in self-esteem and self-awareness. However, some group members might grow stronger than others and develop the potential to lead and support. These members could become peer mentors. The peer mentor could maintain regular contact with one or more parents, offer advice, assist with crises, and just be a friend.

Program facilitators should take the following actions to maximize the impact of the curriculum:

- Encourage parents to continue meeting as a support group.
- Help parents become facilitators for the next groups.
- Highlight other parent education groups, both in the program and community.
- Celebrate an anniversary for the group. Plan something special and invite the media.
- Develop a speakers group made up of participants.
- Plan community celebrations and special events that focus on families and resources.
- Help families plan their own family reunions. These special reunions can be carried out economically. Groups could plan a picnic in a local park and everyone could bring a lunch to share. Plan a program that includes

  —family history,

  —family photos,

  —family news/special events,

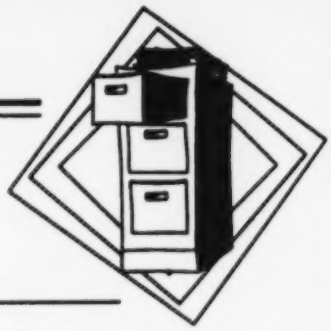
  —family talent show,

  —family time for giving thanks, and

  —family sharing of special traditions.

Go to the local library and find resources to develop a family history or genealogy.

Appendix
Additional Resources



This section identifies information available on a variety of topics related to alcohol and other drug abuse prevention. The information has been divided into categories and coded for easy reference. Some resources might appear in more than one category, which should help those looking for resources that meet more than one need.

Resource categories are as follows:

- General Organizations and Support Groups
- Training and Facilitation
- Guides, Booklets, Reports
- Videos/Films
- Curriculums

Where appropriate, the intended audiences for these materials are identified by the following user codes:

P—Parent

T—Teacher

F—Facilitator

G—General

C—Children

GENERAL ORGANIZATIONS AND SUPPORT GROUPS

This section lists resources especially for the early childhood community. The list is not complete. There are other resources, and new ones are being developed daily. In order to keep abreast of trends, research, and other activities, it will help to do the following:

- Join a community organization whose focus is prevention.
- Subscribe to magazines or journals that publish relevant research.
- Check with the public library.
- Attend conferences, seminars, and workshops that focus on prevention.
- Ask questions of the experts.
- Check with colleges and universities.
- Contact the local AOD abuse prevention office.
- Contact the Center for Substance Abuse Prevention and request a publications list.
- Check the Government Printing Office list of publications.
- Contact local chapters of Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Mothers Against Drunk Driving (MADD), Students Against Drunk Driving (SADD), Adult Children of Alcoholics (ACOA), and other groups.
- Discuss areas of interest with the local police department, such as the environment for alcohol and other drugs in the community.
- Read the daily newspaper.

General Organizations

American Federation of Parents for Drug-Free Youth
8730 Georgia Ave.
Suite 200
Silver Spring, MD 20910
800-554-KIDS
G-P

Beginning Alcohol and Addiction Basic Education Studies (BABES)
17730 Northland Park Ct.
Southfield, MI 48075
313-443-1676
800-54-BABES
G

Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1030 15th St., NW
Suite 1053
Washington, DC 20005
202-371-2100
G

COCANON Family Groups
P.O. Box 64742-66
Los Angeles, CA 90064
213-859-2206
G

Delaware RADAR Network Center
YMCA Resource Center
11th and Washington Sts.
Wilmington, DE 19801
302-571-6975
G

or for the state group contact

State Department of Children, Youth and Families
Office of Prevention Resource Clearinghouse
Delaware Youth and Family Center
1825 Faulkland Rd.
Wilmington, DE 19805
302-633-2704

Families in Action
National Drug Information Center
2296 Henderson Mill Rd.
Suite 204
Atlanta, GA 30345
404-934-6364
G

Georgia RADAR Network Center
878 Peachtree St., NE
Room 319
Atlanta, GA 30309
404-894-4204
G

Just Say No Foundation
1777 North California Blvd.
Suite 200
Walnut Creek, CA 94596
800-258-2766 (in CA)
415-939-6666
G

Maryland RADAR Network Center
Alcohol/Drug Abuse Administration
201 West Preston St.
Baltimore, MD 21201
301-225-6543
G

Mothers Against Drunk Driving (MADD)
P.O. Box 541688
Dallas, TX 75354-1688
214-744-6233
G-P

National Black Child Development Institute (NBCDI)
463 Rhode Island Ave., NW
Washington, DC 20005
202-387-1281
B

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600
800-729-6686
G-P
Services: Free audiovisual loan program, dissemination of "Prevention Pipeline," grant announcements and application kits, free personalized database searches on many alcohol and other drug-related topics

National Council on Alcoholism
12 West 21st St.
Seventh Floor
New York, NY 10010
212-206-6770

or

1511 K St., NW
Washington, DC 20005
202-737-8122
800-622-2255
G

National Families in Action
2296 Henderson Mill Rd.
Suite 300
Atlanta, GA 30345
404-934-6364
G-P

National Federation of Parents for Drug-Free Youth
1423 North Jefferson St.
Springfield, MO 65802
314-968-1322

or

8730 Georgia Ave.
Suite 200
Silver Spring, MD 20910
301-585-5437
800-554-KIDS
G

National Head Start Association
1220 King St.
Suite 200
Alexandria, VA 22314
703-739-0875
G

National Institute on Drug Abuse
Drug-Referral Helpline
5600 Fishers Lane
Rockville, MD 20857
800-662-HELP
G

National Parents' Resource Institute for Drug Education
Drug Information Line
100 Edgewood Ave.
Suite 1002
Atlanta, GA 30303
800-241-7946
G-P

National Self-Help Clearinghouse
33 West 42nd St.
Room 620N
New York, NY 10036
212-840-1259
G-P

Parents' Association to Neutralize Drug and Alcohol Abuse
P.O. Box 314
The Listening Ear (hotline)
703-750-9285
G

Pennsylvania RADAR Network Center
PENNSAIC
Columbus Square
652 West 17th St.
Erie, PA 16502
800-582-7746

Toughlove
P.O. Box 1069
Doylestown, PA 18901
215-348-7090
G-P

Washington, D.C., RADAR Network Center
Washington Area Council on Alcoholism and Drug Abuse
1232 M St., NW
Washington, DC 20005
202-682-1716
G

West Virginia RADAR Network Center
West Virginia Library Commission
1900 Kanawha Blvd. E
Charleston, WV 25305-0620
304-558-4028
G

Virginia RADAR Network Center
Department MH/MR/SA
P.O. Box 1797
Richmond, VA 23214
804-786-3909
G

Support Groups

Adult Children of Alcoholics
Central Service Board
P.O. Box 3216
Torrance, CA 90505
310-534-1815
P

Al-Anon/Alateen
Family Group Headquarters, Inc.
Seventh Floor
1372 Broadway
New York, NY 10018-0862
212-302-7240
P

American Federation of Parents for Drug-Free Youth
8730 Georgia Ave.
Suite 200
Silver Spring, MD 20910
800-554-KIDS
G-P

Christian Relief Services
6911 Richmond Highway
Suite 300
Alexandria, VA 22036
703-765-8424
P

COCANON Family Groups
P.O. Box 64742-66
Los Angeles, CA 90064
213-859-2206
G

Committees of Correspondence
57 Conant St.
Room 113
Danvers, MA 01923
617-774-2641
P

Families Anonymous, Inc.
P.O. Box 528
Van Nuys, CA 91408
818-989-7841
P

Mothers Against Drunk Driving (MADD)
P.O. Box 541688
Dallas, TX 75354-1688
214-744-6233
G-P

Nar-Anon Family Group Headquarters
World Service Office
P.O. Box 2562
Palos Verdes Peninsula, CA 92704
213-547-5800
P

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol St., NE
Washington, DC 20001
202-783-6868

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600
G-P

National Institute on Drug Abuse
Drug-Referral Helpline
5600 Fishers Lane
Rockville, MD 20857
800-662-HELP
G

National Parents' Resource Institute for Drug Education
Drug Information Line
100 Edgewood Ave.
Suite 1002
Atlanta, GA 30303
800-241-7946
G-P

Toughlove
P.O. Box 1069
Doylestown, PA 18901
215-348-7090
G-P

Drug Information Hot Lines

Cocaine Hotline
800-COC-AINE

National Institute on Drug Abuse
Drug-Referral Helpline
800-662-HELP

National Parents' Resource Institute for Drug Education
Drug Information Line
800-241-7946

Parents' Association to Neutralize Drug and Alcohol Abuse
The Listening Ear
703-750-9285

TRAINING AND FACILITATION

Davis, L.N. *Planning, conducting, and evaluating workshops.* Austin, TX: Learning Concepts. 1975. (A step-by-step approach to training.)

Forbess-Greene, S. *The encyclopedia of ice breakers: Structured activities that warm-up, motivate, challenge, acquaint and energize.* San Diego: University Associates. 1980. (A comprehensive listing of fun and practical activities.)

Knowles, M. *The winning trainer: Winning ways to involve people in learning.* 4th edition. Houston: Gulf Publishing. 1990. (Hundreds of exercises, games, puzzles, role-plays, and action techniques for the trainer.)

Margolis, F., and Bell, C. *Understanding training: Perspectives and practices.* Minneapolis: Lakewood Publications. 1989. (The content is designed to teach training skills.)

Newstrom, J., and Scannell, E. *Games trainers play: Experiential learning exercises.* New York: McGraw-Hill. 1980. (How to include games in the learning process.)

Newstrom, J., and Scannell, E. *More games trainers play.* New York: McGraw-Hill. 1983. (Games to facilitate training.)

Pike, R. *Creative training techniques handbook: Tips, tactics, and how-to's for delivering effective training.* Minneapolis: Lakewood Publications. 1989. (A book especially geared toward the experienced trainer.)

Renner, P. *The instructor's survival kit: A handbook for teachers of adults.* 2nd edition. Vancouver, BC: Training Associates. 1983. (Advice on how to teach adults, including techniques, methods, and activities.)

Zenke, R.; Albrecht, C.; and Broadwell, M. *Adult learning in the classroom.* 2nd edition. Minneapolis: Lakewood Publishers. 1991. (A training magazine offering strategies and techniques for trainers.)

GUIDES, BOOKLETS, REPORTS

Addiction Research and Consulting Services
1705 Warren Rd.
Indiana, PA 15701
412-349-9003

Ackerman, R. *Children of Alcoholics: A Guidebook for Parents, Educators, and Therapists.* New York: Simon & Schuster. 1983. (A must for those who want to understand and help young children from alcoholic families.)
T-P-F

Ackerman, R.J., and Graham, D. *Too Old to Cry, Too Hurt to Laugh: Abused Teens in Today's America.* Bradenton, Fla.: Human Services Institute/Tab Books, 1990. p. 255. (This offers insights and personal stories about teenagers who have been abused. Some of these teens are today's young parents.)
T-P-F

Alcohol & Alcoholism

Bradford, D.E. Alcohol and the young child. *Alcohol & Alcoholism* 19(2):173-175, 1984.
Identifies causes for alcohol's increasing availability to young children.

American Academy of Pediatrics
141 Northwest Point Blvd.
P.O. Box 927
Elk Grove Village, IL 60009-0927
708-228-5005

Shelov, S.P. *Caring for Your Baby and Young Child: Birth to Age Five.* Elk Grove Village, Ill.: American Academy of Pediatrics. 1991. An illustrated parenting guide designed to help parents spot health problems. Answers questions in a practical manner.
T-P-F

Capital Cities/ABC Enterprises
825 7th Ave.
New York, NY 10017-6001
212-887-1725
Transcript of 1986 *Nightline* program on children of alcoholics, $3.
G

Channing L. Bete Co., Inc.
200 State Rd.
South Deerfield, MA 01373-0200
800-628-7733

About Alcohol (11452 English, 12369 Spanish).
G-T-P-F

About Alcohol and Health (12575 English, 14928 Spanish).
G-T-P-F

About Alcohol, Child Abuse and Child Neglect (14001 English, 48074 Spanish).
G-T-P-F

About Alcoholism (11072 English, 14381 Spanish).
G-T-P-F

About Drinking and Driving (13698 English, 13813 Spanish).
G-T-P-F

About Drug Abuse (11221 English, 14639 Spanish).
G-T-P-F

About Family Violence (16741 English). Examines the causes of violence and identifies some remedies.
T-P-F

About Marijuana (12831 English, 14688 Spanish).
G-T-P-F

About Parenting (16758 English, 18168 Spanish). A guide for better parenting that includes a variety of practical suggestions.
T-F-P

Alcohol, Child Abuse and Child Neglect (14001 English). Explains the relationship among these three and their impact on families and communities.
T-F

Alcoholic in the Family? (11783 English, 12351 Spanish).
G-T-P-F

Drugs and You (11148 English, 14399 Spanish).
G-T-P-F

How Alcohol and Drugs Affect Your Driving Skills (13391 English, 19950 Spanish).
G-T-P-F

Mental and Emotional Development: Stress and Your Child (19802 English). A guide to causes of stress and its impact on children.
T-P

What Every Teenager Should Know About Alcohol (12161 English, 14878 Spanish).
G-T-P-F

Comp Care Publishers
2415 Annapolis Lane
Minneapolis, MN 55441
612-559-4800

Schroeder, B. *Help Kids Say NO to Drugs and Drinking: A Practical Prevention Guide for Parents.* Alcoholism Council of Nebraska, 1987.
T-P

Goody Pie Kids
7601-H Sudley Rd.
Suite 734
Manassas, VA 22110
703-368-8764

Berry, S., and Berry, A. *The Goody Pie Kids.*
C

Hazelden Educational Materials
Pleasant Valley Rd.
P.O. Box 176
Center City, MN 55012-0176
800-328-9000
G

One Day at a Time ($4.95)
C

Hahn, E., and Papazian, K. Substance abuse prevention with preschool children. *Journal of Community Nursing* 4(3):165–170, 1987. Reviews the literature that supports the need for prevention programs for alcohol and other drugs among preschool children.

Media Materials, Inc.
2936 Remington Ave.
Baltimore, MD 21211
410-633-0730

Konlyn, P. *Real Facts—The Truth About Drugs.* 1989.
A comprehensive workshop containing information that can be used by both young and old. The design will help people fully understand the impact of AOD abuse in a personal manner. The exercises in the workbook increase general information, expand vocabulary, and analyze the effects of alcohol and other drugs on health, emotions, and the family.

Purple Turtle Books, Inc.
400 Dayton St.
Suite B
Edmonds, WA 98020
206-775-8777

Henry, G. *Purple Turtles Say No, No to Drugs.*
C

Winters Communications, Inc.
1007 Samy Dr.
Tampa, FL 33613
813-264-7618

Confident Parenting (#116)
P-F

Coping With Hyperactive Children: What to Know/What to Do (#120)
T-P-F

Increasing Children's Self-Confidence (#114)
P-F

Practical Discipline: A Guide for Parents (#115)
P-F

Single Parenting (#144)
P-T-F
Maximum of four samples available free.

VIDEOS/FILMS

Contact these organizations for their current lists of videos that are appropriate for adults and children.

American Cancer Society
90 Park Ave.
New York, NY 10016
212-586-8700

Families in Action
National Drug Information Center
2296 Henderson Mill Rd.
Suite 204
Atlanta, GA 30345
404-934-6364

FMS Productions, Inc.
P.O. Box 337
1029 Cindy Lane
Carpenteria, CA 93014
800-421-4609

Hazelden Educational Materials
Pleasant Valley Rd.
P.O. Box 176
Center City, MN 55012-0176
800-328-9000

Health Communications, Inc.
1721 Blount Rd.
Pompano Beach, FL 33069
305-979-5408

Just Say No Foundation
1777 North California Blvd.
Suite 200
Walnut Creek, CA 94596
800-258-2766 (in CA)
415-939-6666

Krames Communications
312 90th St.
Daly City, CA 94015-1898
415-994-8800

Media Projects, Inc.
5215 Homer St.
Dallas, TX 75206
214-826-3863

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600
800-729-6686

National Council on Alcoholism
12 West 21st St.
Seventh Floor
New York, NY 10010
212-206-6770

or

1511 K St., NW
Washington, DC 20005
202-737-8122
800-622-2255
(Local branches are listed under A in the White Pages.)

National Crime Prevention Council
1700 K St., NW
Second Floor
Washington, DC 20006

National Institute on Drug Abuse Free-Loan Collection
U.S. Department of Health and Human Services
Public Health Services
Alcohol, Drug Abuse and Mental Health Administration
Rockville, MD 20857

Order through:

Modern Talking Picture Service Scheduling Center
5000 Park St. North
St. Petersburg, FL 33709
813-541-5763

National Parents' Resource Institute for Drug Education
100 Edgewood Ave.
Suite 1002
Atlanta, GA 30303
800-241-7946

Parents' Association to Neutralize Drug and Alcohol Abuse
P.O. Box 314
Annandale, VA 22003
703-750-9285

PLAN, Inc.
1332 G St., SE
Washington, DC 20003
202-547-8903

From the Crib to the Classroom—Video and Kit. Program to help families focus on learning together and enhancing communication.
T-P-F

Rainbow Community Head Start
1102 Rising Sun Ave.
Philadelphia, PA 19140
215-225-5600

Iglesias, A., and Miller, R. *Sharing Parenting: Guide and Video.*
T-P-F

U.S. Department of Education
400 Maryland Ave., SW
Washington, DC 20024
800-624-0100

United Way of America
701 North Fairfax St.
Alexandria, VA 22314-2045
703-683-7863

For current listings of films and videos pertaining to AOD abuse prevention, contact the following:

Modern Talking Picture Service
5000 Park St. N
St. Petersburg, FL 33709
813-541-7571

Coronet/MTI
108 Wilmot Rd.
Deerfield, IL 60015
800-621-2131

CURRICULUMS

American Guidance Service
4201 Woodland Rd.
Circle Pines, MN 55041-1796
800-328-2560

Breighner, K., and Roke, D. *I Am Amazing: A Program Promoting Health, Safety and Self-Esteem.* Circle Pines, Minn.: American Guidance Service, 1990. Designed to teach young children about how to build self-esteem, practice safety, and make healthy choices. The kit includes a manual, learning materials, 16 family letters, and an audiocassette.
T

Association for the Care of Children's Health
7910 Woodmont Ave.
Suite 300
Bethesda, MD 20814
301-654-6549

Randall-David, E. *Strategies for Working With Culturally Diverse Communities and Clients.* Bethesda, Md.: Association for the Care of Children's Health. 1989. Manual explains differences associated with personal beliefs, values, and actions, and how they are related to cultural influences. A variety of exercises are included as well as guidelines for working with diverse groups.
T-F

Center for the Improvement of Child Caring
11331 Ventura Blvd.
Suite 103
Studio City, CA 91604
818-980-0903

Alvy, K.T. and Marigna, M. *Effective Black Parenting Program.* Studio City, Calif.: Center for the Improvement of Child Caring. 1985. A special curriculum designed for the African-American community. Its emphasis is on cultural relevancy and activities that are easily carried out.
T-P-F

Alvy, K.T. and Montoya-Tannatt, L. *Los Niños Bien Educados Program.* Studio City, Calif.: Center for the Improvement of Child Caring. 1989. Intensive instructor training workshops and training packages for conducting a series of sessions with parents. Programs are tailored to specific ethnic/cultural groups.
T-P-F

The Children's Foundation
725 25th St., NW
Suite 505
Washington, DC 20005-2109
202-347-3300

Gellert, S.; Hollestelle, K.; and Kottus, E. *Helping Children Love Themselves and Others: A Professional Handbook for Family Day Care.* Washington, D.C.: The Children's Foundation. 1990. Stresses the importance of using an antibias multicultural approach with children.
T-F

Denver Indian Center, Inc.
4407 Morrison Rd.
Denver, CO 80219
303-936-2688

Russell, I. and Harjo, L. *The Circle Never Ends.* Denver, Colo.: Early Childhood Education Center. 1990. A multicultural preschool curriculum using the depth and power of the American Indian oral tradition to convey cultural knowledge and to enhance development of cognitive skills, fine and gross motor skills, and others.
T-P-F

Family Development Resources, Inc.
3160 Pinebrook Rd.
Park City, NJ 84060
800-688-5822

Bavolek, S., and Bavolek, J.D. *Nurturing Program.* Park City, Utah: Family Development Resources, Inc. A 15-week training program for parents and their children, covering topics such as behavior management and self-esteem. Offers simultaneous, hands-on activities for both groups of participants.
T-P-F

First American Prevention Center
P.O. Box 529
Bayfield, WI 54814
715-779-3177
800-634-9912

Community-Based Prevention Training Curriculum. Bayfield, Wisc.: First American Prevention Center. 1989. Contains four modules: comprehensive community-based planning, accessing resources through improved cooperation between tribal and nontribal agencies, a spiritual/cultural perspective on alcohol and other drug abuse, and a family perspective on AOD abuse. Each module includes a trainer's manual, worksheets, and flip chart.
P-T-F-G

Family-Oriented Home Wellness Kit. Bayfield, Wisc.: First American Prevention Center. 1990. Includes value-oriented materials designed to strengthen families. Contains about 40 activities for family members, from preschoolers through parents. Includes a storybook designed by Red Cliff native elders on family life long ago, a family history project, and a skit for family presentations.
T-P-F

Institute for Mental Health Initiatives
4545 42nd St., NW
Suite 311
Washington, DC 20016
202-364-7111

IMHI *Channeling Parents' Anger.* Champaign, Ill.: Research Press. 1992. Workshop session conducted by trainers. Includes video, discussion guide, and packet of materials for parents. Anger is a very strong emotion. Parents sometimes feel anger toward children. This special curriculum is designed to help parents focus on the anger and handle it in a positive manner.
T-P-F

National Association for the Education of Young Children
1834 Connecticut Ave., NW
Washington, DC 20009-5786
202-232-8777
800-424-2460

Derman-Sparks, L., and A.B.C. Task Force. *Anti-Bias Curriculum: Tools for Empowering Young Children.* Washington, D.C.: National Association for the Education of Young Children. 1989. Provides a wealth of information and activities for children. A video, which is an excellent training tool, is also available from Pacific Oaks College Bookstore, 5 Westmoreland Place, Pasadena, CA 91103.
T-F

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
301-468-2600
800-729-6686

Ecology of Alcohol and Other Drug Use: Helping Black High-Risk Youth by U.J. Oyemade and D. Brandon-Monye (eds.)

Preschool Consultant Services for Early Childhood Prevention
P.O. Box 91, RD2
Norwood, NY 13668
315-353-2767

Steele, C. *Begin Early Substance Abuse Prevention Education.* Norwood, N.Y.: Preschool Consultant Services for Early Childhood Prevention, 1991. The Begin Early curriculums have been developed and implemented with numerous children over the past several years and are continually being revised and updated. The curriculums service children (3 months to 4 years of age) by providing developmentally appropriate prevention education activities to be implemented by early childhood staff and parents. Training in using the curriculums for alcohol and other drug prevention education is highly recommended and available by contacting the author.
F-T-P

Substance Abuse Prevention Education Program
Department of Mental Health
Rensselaer County Office Building
Troy, NY 12180
518-270-2800

The Early Years—Substance Abuse Prevention Education by C. Steele. Prevention begins in the home. This program is designed to help educators and parents focus on the significance of early practices.
F-T-P

For additional information on the *Family Activity Book: Preventing Drug Abuse Through Family Interaction*, the *Preparing for the Drug (Free) Years: A Family Activity Book*, or the *Here's Looking at You, 2000®* substance abuse prevention curriculum, please contact Comprehensive Health Education Foundation (*CHEF®*) toll free at 1–800–323–2433.

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